CONSUMER EVALUATION
OF
COMMUNITY REHABILITATION AND TREATMENT PROGRAMS IN VERMONT: FY 2004

TECHNICAL REPORT

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The authors of this report wish to thank all who have contributed to this project. This work could not have been completed without the help of the staff of the Adult Unit of the Division of Mental Health (DMH) and the Quality Assurance Team. The authors would also like to thank the consumers who took the time to evaluate and comment on the Community Rehabilitation Treatment Programs provided by the Community Mental Health Centers in Vermont. Copies of this report and other reports describing consumer and stakeholder evaluations of community mental health programs in Vermont are available online at: http://www.ddmhs.state.vt.us/docs/res-eval/research-eval.html.

FOREWORD

Community mental health services for consumers with severe and persistent mental illness in Vermont are provided by Community Rehabilitation and Treatment (CRT) Programs administered by ten community mental health centers. The FY 2004 survey of consumers served by CRT Programs in Vermont is one part of a larger effort to monitor community mental health program performance from the perspective of service recipients and other stakeholders. These evaluations will be used in conjunction with other stakeholder assessments and with measures of program performance drawn from existing databases to provide a more complete picture of the performance of local community mental health programs. The combined results of these evaluations will allow a variety of stakeholders to systematically compare the performance of community-based mental health programs in Vermont, and to support local programs in their ongoing quality improvement process.

The results of this survey should be considered in light of previous consumer and stakeholder based evaluations of community mental health programs in Vermont, and in conjunction with the results of consumer and stakeholder surveys that will be conducted in the future. Previous surveys of consumers in CRT Programs took place in 1997 and 2001 and comparisons among these surveys will be published in a separate document. These evaluations should also be considered in light of measures of levels of access to care, service delivery patterns, service system integration, and treatment outcomes that are based on analyses of administrative databases. Many of these indicators are published in the annual Division of Mental Health (DMH) Statistical Reports and weekly Performance Indicator Project data reports (PIPs), which are available in hard copy form from the Vermont DMH Research and Statistics Unit or online at: www.state.vt.us/dmh/datanew.htm.

This approach to program evaluation assumes that program performance is a multidimensional phenomenon which is best understood on the basis of a variety of different indicators that focus on different aspects of program performance. This report focuses on one very important measure of the performance of Vermont's CRT Programs, the subjective evaluations of the consumers who were served.

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CONSUMER EVALUATION
COMMUNITY REHABILITATION AND TREATMENT PROGRAMS IN VERMONT

PROJECT OVERVIEW AND SUMMARY OF RESULTS

In late 2003 and early 2004, the Adult Unit of the Vermont Division of Mental Health (DMH) asked consumers to evaluate the Community Rehabilitation and Treatment (CRT) Programs for adults with severe and persistent mental illness in Vermont's ten Community Mental Health Centers. All consumers who received services from these programs during January through June of 2003 were sent questionnaires that asked for their opinion of various aspects of these services. A total of 1,225 consumers (45% of deliverable surveys) returned completed questionnaires. The survey instrument was based on the MHSIP Consumer Survey developed by a multi-state work group and modified as a result of input from Vermont stakeholders (see Appendix II). The Vermont consumer survey was designed to provide information that would help stakeholders to compare the performance of CRT Programs in Vermont.

Methodology

In order to facilitate comparison of Vermont's ten CRT Programs, the consumers' responses to twenty-one fixed alternative items were combined into six scales, and their responses to four open ended questions were combined into four narrative scales. In addition, consumers' responses to four questions that related to specific outcomes were analyzed individually. The fixed alternative item scales focus on *overall* consumer evaluation of program performance, and evaluation of program performance with regard to *access, service, respect, autonomy* and *outcomes*. The narrative scales include frequency of *positive* and *negative comments about program performance*. *Positive* comments are further broken down into *positive comments about staff* and *positive comments about service*. In order to provide an unbiased comparison across programs, survey results were statistically adjusted to remove the effect of dissimilarities among the client populations served by different community programs. Measures of statistical significance were also adjusted to account for the proportion of all potential subjects who responded to the survey.

Overall Results

The majority of consumers served by CRT Programs in Vermont rated their programs favorably. On our overall measure of program performance, 81% of the respondents evaluated the programs positively. Some aspects of program performance, however, were rated more favorably than other aspects. Fixed alternative items related to service received more favorable responses (83% favorable) than items related to access (81% favorable), respect (81% favorable), autonomy (79% favorable) or *outcomes* (68% favorable).

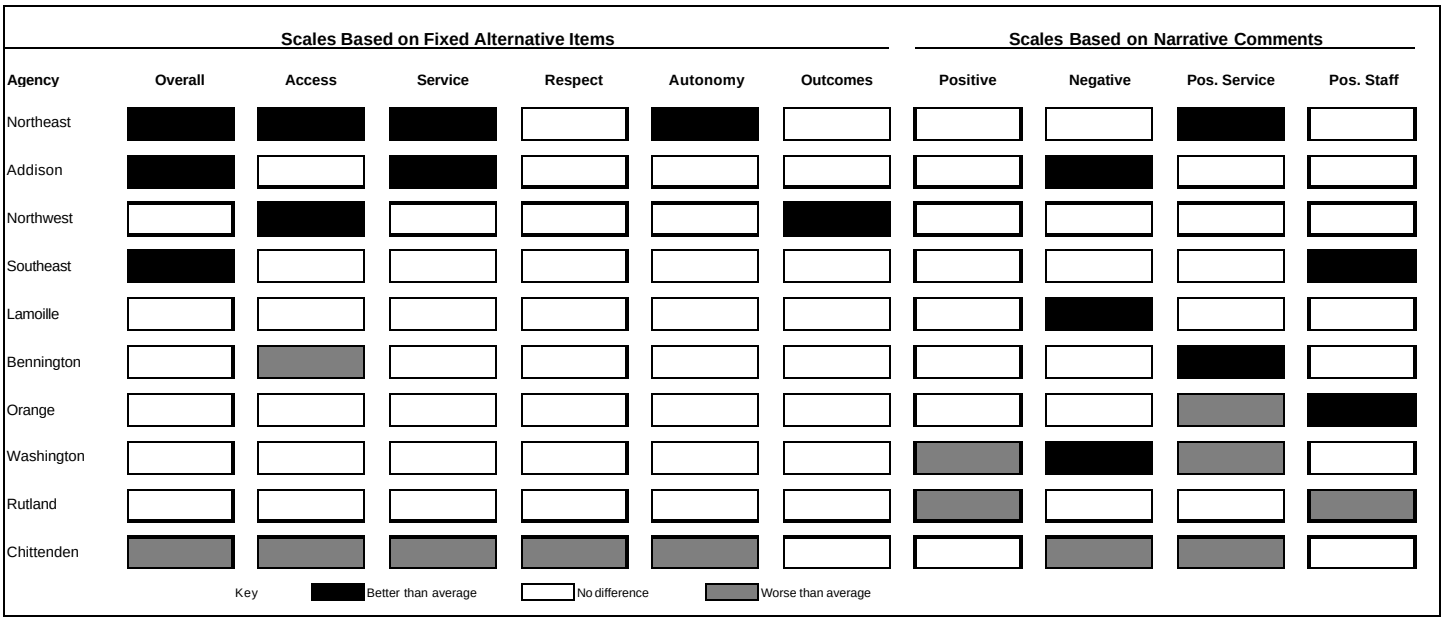
In total 81% of the consumers provided narrative comments: positive comments about program performance were offered by 62% of the consumers and negative comments about program performance by 39% of the consumers. Statewide, 47% of the consumers made positive comments specifically about staff and 26% made positive comments specifically about services.

Statewide, 33% of respondents indicated that they had been *employed* in the past year. Twenty-one percent of respondents indicated that they had been *hospitalized for mental health treatment* and 27% indicated that they had been *hospitalized for medical treatment* in the past year. Finally, 6% of respondents indicated that they had been *arrested* in the past year.

Overview of Differences Among Programs

In order to compare consumers' evaluations of CRT Programs in the ten regional Community Mental Health Centers, scores on each of the nine composite scales were compared to the statewide average for each scale. The results of this survey indicate that there were significant differences in consumers' evaluations of some of the state's ten CRT Programs.

Positive Consumer Evaluation of
Community Rehabilitation and Treatment Programs: FY 2004



Examination of the scales based on fixed alternative items showed that the Northeast region scores for the *overall* scale, *access* scale, *service* scale, and the *autonomy* scale were significantly above the statewide average. Consumer evaluations of the Addison region showed that the *overall* scale score and *service* scale score were significantly above the statewide average. The Southeast region scored significantly above the statewide average with regard to the *overall* scale. Consumer evaluations of the Northwest region were significantly above the statewide average with regard to the *access* and *outcomes* scale scores. The Bennington region scored significantly below the statewide average with regard to the *access* scale. The CRT Program in Chittenden received significantly lower scores on five of the scales based on fixed alternative items (*overall*, *access*, *service*, *respect,* and *autonomy*). Consumer evaluations of the remaining regions, Lamoille, Orange, Washington, and Rutland were not different from the statewide average on any of these scales.

Analysis of the narrative scales also produced significant differences between individual programs and statewide averages. On the *positive comments* scale the Washington and Rutland regions were rated lower than the statewide average. With regard to the *negative narrative comments* scale, Addison, Lamoille, and Washington had a significantly fewer proportion of negative comments than the statewide average while Chittenden had significantly more. On the *positive comments about service* scale, the Northeast and Bennington regions were rated higher and the Orange, Washington, and Chittenden regions were rated lower. On the *positive comments about staff* scale, Southeast and Orange were rated higher and Rutland was rated lower than the statewide average.

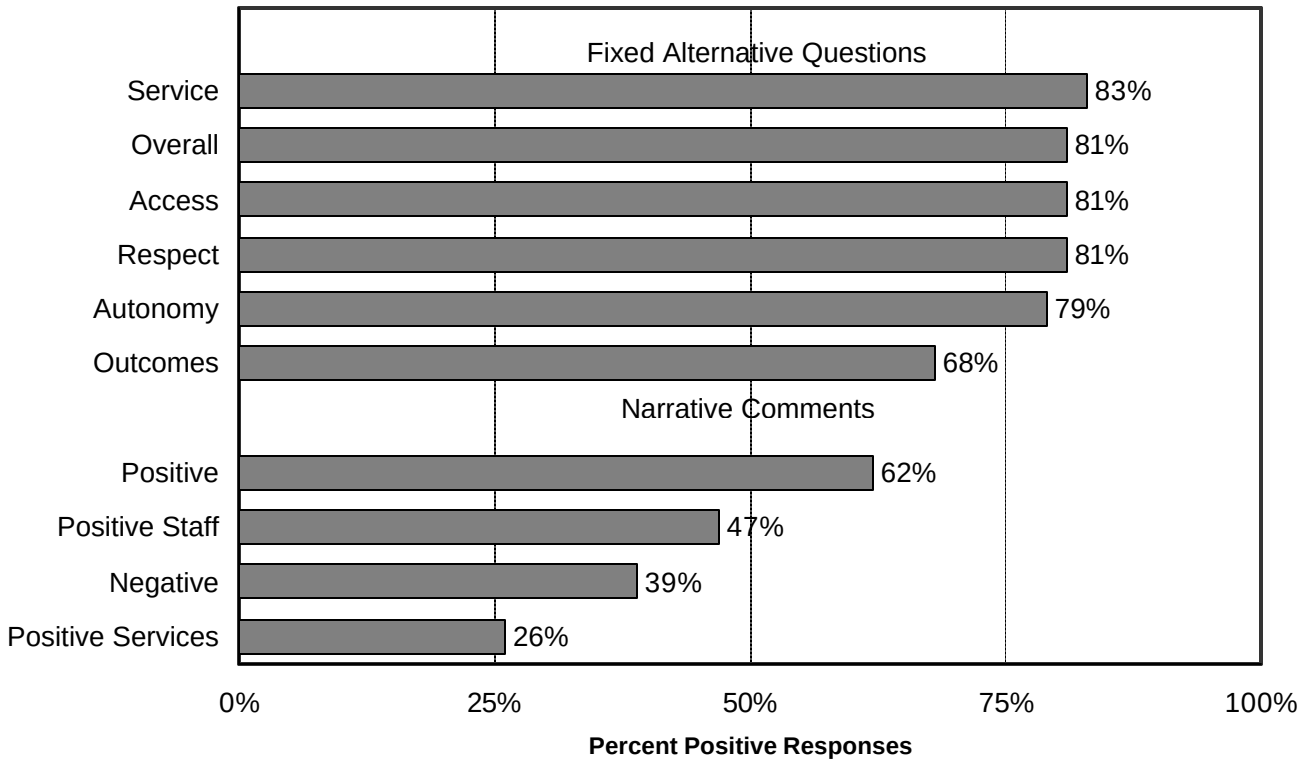
There were also differences among programs regarding consumer self-reports of outcomes. Consumers in the CRT program in Chittenden and Washington were significantly more likely to report that they were employed in the past year. Consumers in the CRT program in the Northeast region and the Southeast region were significantly less likely to report that they were employed in the past year. Only CRT Program consumers in the Addison region had a significantly lower rate than the statewide average for both hospitalization for mental health treatment and hospitalization for medical treatment. No other significant differences were observed on these two measures. The self reports of arrests for consumers of three CRT program regions were significantly lower than the statewide average: Bennington, Lamoille, and Addison. Only CRT consumers in the Chittenden region had a significantly higher self-reported arrest rate.

STATEWIDE RESULTS

The majority of consumers served by CRT Programs at Community Mental Health Centers in Vermont rated their programs favorably. (Appendix V, Table 3 provides an item-by-item summary of responses to the fixed alternative questions.) The most favorably rated item was *"Services are available at times that are good for me"*, with 91% of the consumers agreeing or strongly agreeing with that item. Other favorably rated aspects of care were *"Most of the services I get are helpful"* (88% favorable), *"Staff treated me with respect"* (87% favorable), and *"I have been given information about my rights"* (87% favorable). The least favorably rated items related to outcomes of treatment. Only 63% felt that "*I do better at work and/or in school*" and "*My symptoms are not bothering me as much*".

There were significant differences in consumers' ratings of CRT Programs on the six scales derived from fixed alternative responses to the survey. Eighty-one percent of consumers rated programs favorably *overall*, and the survey items related to *service*, for instance, received more favorable responses (83% favorable) than items related to *autonomy* (79% favorable), *access* (81% favorable) or *respect* (81% favorable). *Outcomes*, our sixth scale, received the least favorable responses (68%). A high proportion of consumers (81%) provided narrative comments: 62% of consumers had made *positive comments* and 39% made *negative comments*. Further examination of the *positive comments* indicated 26% of consumers made specific *positive comments about services* and 47% made *positive comments about staff*.

Consumer Evaluation of Community Rehabilitation and Treatment Programs Statewide: FY 2004



DIFFERENCES AMONG PROGRAMS

Consumer evaluations of Community Rehabilitation and Treatment Programs at Vermont's ten Community Mental Health Centers on the fixed alternative survey items were generally favorable. In order to provide a comprehensive overall evaluation of program performance, consumer ratings of each program were compared to the statewide average for each of the scales (see Appendix V). These comparisons showed some variation between providers. Combined, these results provide a succinct portrait of consumers' evaluations of CRT Programs in Vermont in the period January to June 2003.

Examination of the scales based on fixed alternative items showed that the Northeast region scores for the *overall* scale, *access* scale, *service* scale, and the *autonomy* scale were significantly above the statewide average. Consumer evaluations of the Addison region showed that the *overall* scale score and *service* scale score were significantly above the statewide average. The Southeast region scored significantly above the statewide average with regard to the *overall* scale. Consumer evaluations of the Northwest region were significantly above the statewide average with regard to the *access* and *outcomes* scale scores. The Bennington region scored significantly below the statewide average with regard to the *access* scale. The CRT Program in Chittenden received significantly lower scores on five of the scales based on fixed alternative items (*overall*, *access*, *service*, *respect,* and *autonomy*). Consumer evaluations of the remaining regions, Lamoille, Orange, Washington, and Rutland were not different from the statewide average on any of these scales.

Analysis of the narrative scales also produced significant differences between individual programs and statewide averages. On the *positive comments* scale the Washington and Rutland regions were rated lower than the statewide average. With regard to the *negative narrative comments* scale, Addison, Lamoille, and Washington had a significantly fewer proportion of negative comments than the statewide average while Chittenden had significantly more. On the *positive comments about service* scale, the Northeast and Bennington regions were rated higher and the Orange, Washington, and Chittenden regions were rated lower. On the *positive comments about staff* scale, Southeast and Orange were rated higher and Rutland was rated lower than the statewide average. (see Appendix V).

Overall Consumer Evaluation

The measure of overall consumer satisfaction with each of the ten Community Mental Health Center CRT Programs used in this study is based on consumers' responses to 21 fixed alternative questions. The composite measure of *overall* consumer satisfaction was created by counting the number of respondents with positive responses, that is, a mean score of 1 or 2. (For details of scale construction, see Appendix IV.) Consumers' overall ratings of the individual CRT Programs differed significantly from the statewide average in four regions: Chittenden (significantly lower at 75%), Addison (significantly higher at 88%), Northeast (significantly higher at 87%), and Southeast (significantly higher at 86%) (see Appendix V, Table 4).

Consumer Evaluation of Access

Consumers' perception of *access* to the services of the CRT Programs, our second composite measure, was derived from responses to five fixed alternative questions:

4. The location of the services is convenient.
5. Staff are willing to see me as often as I feel it is necessary.
7. Staff return my calls within 24 hours.
8. Services are available at times that are good for me.
9. I am able to get the services I need.

Statewide, over four-fifths (81%) of the consumers rated their CRT Programs favorably on the *access* scale. Four Community Mental Health Centers were significantly different from the statewide average on this scale. The Consumers of the CRT Programs of the Northeast and Northwest regions rated their *access* significantly more favorably than the statewide average (both 87%). The consumers at Bennington (74%) and Chittenden (73%) rated their *access* significantly less favorably than the statewide average (see Appendix V, Table 5).

Consumer Evaluation of Service

Consumers' ratings of the quality of their CRT Program's *service*, our third composite measure, were derived from responses to six fixed alternative questions:

1. I like the services that I receive.
3. I would recommend this agency to a friend or family member.
9. I am able to get the services I need.
23. Most of the services I receive are helpful.
24. Staff I work with are competent and knowledgeable.
25. Staff treat me with respect.

Statewide, over four-fifths (83%) of the consumers rated their CRT Programs favorably on the *service* scale. The CRT Program in Chittenden was rated lower than the statewide average (74%) and consumers in Addison and the Northeast rated higher than statewide average (93% and 87% respectively). The scores for all other programs did not differ from the statewide average for this scale (see Appendix V, Table 6).

Consumer Evaluation of Respect

Consumers' ratings of the *respect* with which they were treated, our fourth composite measure, were derived from responses to six fixed alternative questions:

7. Staff return my calls within 24 hours.
11. Staff believe I can grow, change, and recover.
12. My questions about treatment and/or medication are answered to my satisfaction.
13. I feel free to complain.
14. I have been given information about my rights.
15. Staff respect my rights.

Statewide, just over four-fifths (81%) of the consumers rated their CRT Programs favorably on the *respect* scale. Rating significantly lower than the statewide average on this scale was Chittenden (74%). None of the other regions were rated differently than the statewide average on this scale (75%) (see Appendix V, Table 7).

Consumer Evaluation of Autonomy

Autonomy, our next composite measure based on responses to fixed alternative items, includes the responses to five questions:

17. Staff encourage me to take responsibility for how I live my life.
18. Staff tell me what medication side effect to watch out for.
19. Staff respect my wishes about who is, and is not, to be given information about my treatment.

20. I, not staff, decide my treatment goals.
19. Staff help me get the information I need so that I can take charge of managing my illness.

Statewide, 79% of the consumers rated their CRT Programs favorably on the *autonomy* scale. Northeast's CRT Program was rated significantly higher than the statewide average on this scale (84%) and Chittenden's program was rated significantly lower (74%) (see Appendix V, Table 8).

Consumer Evaluation of Outcomes

Outcomes, our final composite measure based on responses to fixed alternative items, includes the responses to eight questions:

26. I deal more effectively with daily problems.
27. I am better able to control my life.
28. I am better able to deal with crisis.
29. I am getting along better with my family.
30. I do better in social situations.
31. I do better at school and/or work.
32. My housing situation has improved.
33. My symptoms are not bothering me as much.

Statewide, 68% of the consumers rated their CRT Programs favorably on the *outcomes* scale. Northwest's CRT Program was rated significantly higher than the statewide average on this scale (76%) (see Appendix V, Table 9).

Consumer Evaluation Based on Open ended Questions

In order to obtain a more complete understanding of the opinions and concerns of consumers, four open ended questions were included in the questionnaire:

1. What do you like most about the mental health services you have received?
2. What do you dislike about the mental health services you have received?
3. Are there any other services you would like to get?
4. Other comments:

Over 81% of all respondents supplemented their responses to fixed alternative questions with written comments. These comments were coded and grouped to provide four additional indicators of satisfaction with CRT Programs. The first two indicators were the proportion of all respondents who made *positive comments* and the proportion who made *negative comments* about their CRT Program. *Positive comments* were further divided into *positive comments about services* and *positive comments about staff*.

Statewide, 62% of all respondents made *positive comments*, 39% made *negative comments*, 26% offered *positive comments about services* and 47% *positive comments about staff*.

On the *positive comments* scale, Rutland (56%), and Washington (55%) were rated lower than the statewide average of 62%. On the *positive comments about staff* scale, Orange (63%) and Southeast (54%) were rated higher and Rutland (34%) was rated lower than the statewide average of 47%. On the *positive comments about services* scale, Bennington (39%), Chittenden (34%), and Northeast (32%) were rated higher and Orange (16%) and Washington (10%) were rated lower than the statewide average of 26%. With regard to the *negative narrative comments* scale, Addison (24%), Lamoille (31%), and Washington (32%) had a significantly

fewer proportion of negative comments than the statewide average (39%) while Chittenden (45%) had significantly more (see Appendix V, Tables 10-13).

Consumer Self-Reports of Outcomes

Four specific outcomes questions were included in the CRT survey. These questions related to whether respondents, in the past year, had been (1) *employed*, (2) *hospitalized for mental health treatment*, (3) *hospitalized for medical treatment*, or (4) *arrested*:

During the last year…
34. Have you been employed?
35. Have you been hospitalized for medical treatment?
36. Have you been hospitalized for mental health treatment?
37. Have you been arrested?

Statewide, 33% of respondents indicated that they had been *employed* in the past year. Thirty-nine percent of consumers in the CRT program in Chittenden and 42% in Washington reported that they were employed in the past year (both significantly higher than the statewide average). Twenty-seven percent of consumers in the CRT program in the Northeast region and 25% in the Southeast reported that they were employed in the past year, both significantly lower than the statewide average (see Appendix V, Table 14).

Statewide, 21% of respondents indicated that they had been *hospitalized for mental health treatment* in the past year. Only CRT Program consumers in the Addison region had a significantly lower rate (7%) than the statewide average on this measure. No other significant differences were observed (see Appendix V, Table 15).

Statewide, 27% of respondents indicated that they had been *hospitalized for medical treatment* in the past year. Only CRT Program consumers in the Addison region had a significantly lower rate (18%) than the statewide average on this measure. No other significant differences were observed (see Appendix V, Table 16).

Statewide, 6% of respondents indicated that they had been *arrested* in the past year. The self reports of arrest rates for consumers of three CRT program regions were significantly lower than the statewide average: Bennington and Lamoille (2% each), and Addison (3%). Only CRT consumers in the Chittenden region had a significantly higher self-reported arrest rate (10%) (see Appendix V, Table 17).

APPENDIX I

LETTERS

Letter to CRT Program Directors

First Cover Letter

Follow-up Cover Letter

MEMO

TO: DA Executive Directors
DA CRT Program Directors

FROM: Paul Blake, Director, Division of Mental Health

DATE: DATE , 2003

RE: CRT Consumer Survey

I am writing to bring you up to date on plans for our third statewide CRT Consumer Survey. This survey will solicit the opinions of all individuals served by CRT programs during the first six months of 2003. The questionnaires will be mailed one agency at a time. As in the past, CRT Directors will be notified via e-mail approximately one week prior to the mailing of their agency's survey. We will appreciate your help in encouraging consumers to share their candid assessments with us.

Questionnaires will be mailed to the addresses in the most recent Quarterly Service Report (QSR) data files submitted by your Agency. **When a home address is not specified but your Agency's address is specified** in the QSR, the questionnaire will be mailed to the agency address. Please forward or deliver these questionnaires to all clients for whom no address was specified. **Please also be sure that a correct mailing address is provided for every CRT client in your next MSR submission.**

If a consumer asks one of your staff people about the questionnaire, I hope you will encourage that client to complete the questionnaire and to provide a full and honest assessment of your program. If a consumer asks one of your staff people for help in completing the questionnaire, I hope your staff will respond by providing unbiased assistance. If a staff person does help a consumer complete a questionnaire, we also ask that the fact of staff assistance be indicated on the returned questionnaire in the space indicated.

If you have any other questions, please feel free to contact Beth Tanzman (241-2604) about policy issues or John Pandiani (241-2638) about technical issues.

I thank you for your cooperation and look forward to the opportunity to discuss the findings with you.

PB/ld

January 12, 2003

«Fname» «Lname»
«Street1»
«Street2»
«City», «STATE» «ZIPCODE»

Dear «Fname»:

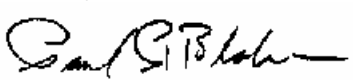
I am writing to ask you to help us evaluate community mental health services in Vermont. Your opinions and your responses are of great value to us. Your participation in this survey is voluntary, and your answers will have no effect on your health care coverage. «CLINIC» will not know that you are participating in the survey.

Your responses to this survey will not be available to anyone other than our research staff. Results will only be reported in aggregate form, and will not identify specific individuals. The code on the questionnaire will allow us to link your responses to information about your insurance coverage, and to assure that you do not receive another questionnaire after you answer this one.

We hope your response will help to improve the quality of health care received by Vermonters. If you would like to receive a summary of the results of this survey, please indicate so on the last page of the questionnaire. If you have any questions, please feel free to call Doug Clifton at 802-241-2604.

I thank you in advance for your participation.

Sincerely,



Paul R. Blake, Director
Division of Mental Health

PRB/kv
Enclosure

March 22, 2004

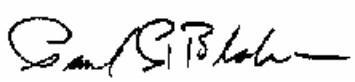
«Fname» «Lname»
«Street1»
«Street2»
«City», «STATE» «ZIPCODE»

Dear «Fname»:

I am writing to encourage you to complete and return the mental health service evaluation you received several weeks ago (see over for a copy of the original cover letter). In case you did not receive the original survey, or misplaced it, I have enclosed another copy for your convenience. If you have already completed and returned your survey, please disregard this letter.

Thank you for your help on this important project.

Sincerely,



Paul R. Blake, Director
Division of Mental Health

PRB/kv
Enclosures

APPENDIX II

Vermont Community Rehabilitation and Treatment Consumer Survey

Vermont Mental Health Consumer Satisfaction Survey

Please circle the number that best represents your response to each of the following statements about the mental health services you have received in the last year from ***CMHC Name*** **Community Services**.

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
		1	2	3	4	5
1.	I like the services that I receive					
2.	If I had other choices, I would still get services from this agency	1	2	3	4	5
3.	I would recommend this agency to a friend or family member	1	2	3	4	5
4.	The location of the services is convenient (parking, public transportation, distance, etc.)	1	2	3	4	5
5.	Staff are willing to see me as often as I feel it is necessary	1	2	3	4	5
6.	I am satisfied with my progress in terms of growth, change, and recovery	1	2	3	4	5
7	Staff return my calls within 24 hours	1	2	3	4	5
8.	Services are available at times that are good for me	1	2	3	4	5
9.	I am able to get the services I need	1	2	3	4	5
10.	I am able to see a psychiatrist when I want to	1	2	3	4	5
11.	Staff believe that I can grow, change, and recover	1	2	3	4	5
12.	My questions about treatment and/or medication are answered to my satisfaction	1	2	3	4	5
13.	I feel free to complain	1	2	3	4	5
14.	I have been given information about my rights	1	2	3	4	5
15.	Staff respect my rights	1	2	3	4	5
16.	I am encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line etc.)	1	2	3	4	5
17.	Staff encourage me to take responsibility for how I live my life	1	2	3	4	5
18.	Staff tell me what medication side effects to watch for	1	2	3	4	5

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
19.	Staff respect my wishes about who is, and is not, to be given information about my treatment	1	2	3	4	5
20.	I, not staff, decide my treatment goals	1	2	3	4	5
21.	Staff are sensitive to my cultural background (race, religion, language etc.)	1	2	3	4	5
22.	Staff help me get the information I need so that I can take charge of managing my illness	1	2	3	4	5
23.	Most of the services I get are helpful	1	2	3	4	5
24.	Staff I work with are competent and knowledgeable	1	2	3	4	5
25.	Staff treat me with respect	1	2	3	4	5
	As a direct result of services I received from <*CMHCname*>:					
26.	I deal more effectively with daily problems	1	2	3	4	5
27.	I am better able to control my life	1	2	3	4	5
28.	I am better able to deal with crisis	1	2	3	4	5
29.	I am getting along better with my family	1	2	3	4	5
30.	I do better in social situations	1	2	3	4	5
31.	I do better at work and/or in school	1	2	3	4	5
32.	My housing situation has improved	1	2	3	4	5
33.	My symptoms are not bothering me as much	1	2	3	4	5

During the last year: (please circle Yes or No as appropriate)

34.	Have you been employed?	Yes	No
35.	Have you been hospitalized for medical treatment?	Yes	No
36.	Have you been hospitalized for mental health treatment?	Yes	No
37.	Have you been arrested?	Yes	No

Vermont Mental Health Consumer Survey (Cont.)

Is there anything else you would like to tell us?

1. What do you like most about the mental health services you get from <*CMHCname*>?

2. What do you dislike about the mental health services you have received from <*CMHCname*>?

3. Are there any other services you would like to get from <*CMHCname*>?

4. Other comments:

Please send me a summary of the findings of this survey. Yes ☐ No ☐

Survey completed with staff assistance. Yes ☐ No ☐

Thank you!

APPENDIX III

DATA COLLECTION

Project Philosophy

Data Collection Procedures

Consumer Concerns

Project Philosophy

This survey was designed with two goals in mind. First, the project was designed to provide an assessment of program performance that would allow a variety of stakeholders to compare the performance of Community Rehabilitation and Treatment Programs in Vermont. These stakeholders, who are the intended audience for this report, include consumers, families, caregivers, program administrators, funding agencies, and members of the general public. The survey findings will be an important part of the local agency designation process conducted by DMH. It is hoped that these findings will also support local programs in their ongoing quality improvement process. Second, the project was designed to give consumers who receive mental health services a voice and to provide a situation in which that voice would be heard. These two goals led to the selection of research procedures that are notable in three ways.

First, all qualified individuals, not just a sample of qualified individuals, were invited to participate in the evaluation. This approach was selected in order to assure the statistical power necessary to compare even small programs across the state, and to provide all consumers with a voice in the evaluation of their programs.

Second, questionnaires were not anonymous (although all responses are treated as personal/confidential information). An obvious code on each questionnaire allowed the research team to link survey responses with other data about respondents (e.g., age, sex, diagnosis, type and amount of service). This information allowed the research team to identify any non-response bias or bias due to any differences in the caseload of different programs, and to apply analytical techniques that control the effect of the bias. The ability to connect survey responses to personally identifying information also allowed Mental Health Division staff to contact respondents whenever strong complaints were received or potentially serious problems were indicated. In such cases respondents were asked if they wanted Department staff to follow up on their concerns.

Third, sophisticated statistical procedures were used to assure that any apparent differences among programs were not due to differences in caseload characteristics, and to assure measures of statistical significance were sensitive to response rates achieved by this study. Both procedures are described in more detail in Appendix IV.

Data Collection Procedures

Questionnaires (see Appendix II) were mailed to every one of the 3,136 consumers who received services from CRT Programs in Vermont during January through June 2003. The questionnaires were mailed during October 2003 through March 2004 by the DMH Adult Unit central office staff. Within four to six weeks after the original questionnaire was mailed, people who had not responded to the first mailing were sent a follow-up letter (see Appendix I). This mailing included a follow-up cover letter, a copy of the original cover letter, and a second copy of the questionnaire.

Useable questionnaires were received from 39% of all potential respondents. About 385 of the questionnaires were returned as undeliverable, and 19 were returned indicating that the person was deceased. The adjusted response rate, excluding undeliverable questionnaires and deceased persons, was 45% statewide. Adjusted response rates for individual CRT Programs varied from 38% to 54%. (See Appendix V, Table 1 for program by program response rates.)

Consumer Concerns

Written comments accompanied more than 80 percent of all returned questionnaires. These comments expressed a wide range of concerns. In FY 2004, CRT Consumer Survey comments were more closely integrated into the Division of Mental Health (DMH) quality assurance process. This integration involved the review of narrative comments by members of the DMH Quality Management Team as well as a broadening of criteria for DMH follow-up.

In past CRT surveys, consumer comments were referred to the DMH survey complaints specialist only when a written comment indicated concern over the health or safety of a client, or potential ethical or legal problems. The survey complaints specialist reviewed the comments and, if appropriate, wrote to the respondent to offer DMH's help in regard to the issue. If the respondent wanted DMH's help, the survey complaints specialist contacted the complaints coordinator at the designated agency to invoke customary procedures for resolving complaints. In addition to continuing this process, the current study broadened criteria for referral to include concerns about services provided (or not provided), staff of designated agencies, and other issues.

In total, 206 respondents expressed 305 concerns/complaints in their responses to the FY 2004 CRT survey. Thirty-four percent of these concerns were related to dissatisfaction with staff, 33% expressed a desire for more (or different) services, 13% related to dissatisfaction with services, 8% related to ethical, legal, or safety issues, and 7% focused on miscellaneous issues. When deemed appropriate, the complaints specialist wrote to the respondents to offer DMH's help with regard to the issue(s). As a result of that correspondence, 24 (12%) respondents requested follow-up with their designated agency.

Twenty of the complaints resulted in calls to a designated agency. For one of the complaints, both a telephone call and a letter to the agency resulted. One client was referred to Vermont Psychiatric Survivors and *Counterpoint*, a quarterly newspaper of interest primarily to consumers, family members, advocates, and other stakeholders in mental health. Two of the complaints were referred to the Adult Unit's complaints coordinator (a central office staff person who is not the complaints coordinator for this CRT survey). Finally, in addition to a telephone call to an agency, one of these complaints resulted in referral to the Adult Unit's Quality Management Team for follow-up through a site visit to that agency.

Narrative responses to the CRT survey were also used to educate members of the DMH Quality Management Team about the concerns of mental health consumers. This education was an intended consequence of the participation of Quality Management Team members in the process of coding consumers' narrative responses for subsequent quantitative analysis.

APPENDIX IV

ANALYTICAL PROCEDURES

Scale Construction and Characteristics

Data Analysis

Discussion

Scale Construction

The Vermont survey of consumers who had been served by CRT Programs included thirty-three fixed alternative questions, four dichotomous (yes or no) questions, and four open-ended questions. Responses to the fixed alternative questions were entered directly into a computer database for analysis. Responses to the open ended questions were coded into categories. For purposes of analysis, one scale (*overall*) was constructed from responses to thirty-three fixed alternative questions, five scales were constructed from responses to twenty-one of the fixed alternative questions, and four scales for comments provided in response to the open ended questions. Analyses for self-reports of outcomes were conducted separately for each of those four questions. On the fixed alternative questions, responses that indicated consumers Strongly Agree or Agree with the item were grouped to indicate a positive evaluation of program performance. Responses to open ended questions were coded as positive or negative and in terms of the topic of the comment.

Scales Based on Fixed Alternative Questions

Six scales were derived from the consumers' responses to the fixed alternative questions. The first of these scales is a global measure of the consumers' *overall* evaluation of their local CRT programs. The other five scales are subscales measuring the consumers' evaluations of specific aspects of their CRT Programs: evaluations of program performance in the areas of *access, service, respect autonomy* and *outcomes*.

Responses to the fixed alternative questions were entered directly into a computer database for analysis and then coded according to whether they were positive or not. The scores for the items that were answered were summed and divided by the number of items answered. This mean score then became the response for the given scale. Scale responses of '1' or '2' indicated a positive evaluation of program performance. Individuals who responded to less than half of the items in any scale were excluded from the computation for that scale.

Overall consumer evaluation of Community Rehabilitation and Treatment Program performance, our first composite measure, uses 33 fixed alternative questions. The internal consistency of the *overall* scale, as measured by average inter-item correlation (Cronbach's Alpha), is .9720.

Access, our second composite measure was derived from consumer responses to five of the fixed alternative questions. The Items that contributed to this scale include:

4. The location of the services is convenient.
5. Staff are willing to see me as often as I feel it is necessary.
7. Staff return my calls within 24 hours.
8. Services are available at times that are good for me.
9. I am able to get the services I need.

The *access* scale was constructed for all individuals who had responded to at least three of these items. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with Agree and Strongly Agree coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha), is .8769.

Evaluation of *service*, our third composite measure was derived from consumer responses to six of the fixed alternative questions. The items that contributed to this scale are:

1. I like the services that I receive.
3. I would recommend this agency to a friend or family member.
9. I am able to get the services I need.

23. Most of the services I receive are helpful.
24. Staff I work with are competent and knowledgeable.
25. Staff treat me with respect.

The *service* scale was constructed for all individuals who had responded to at least four of these items. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale with Agree and Strongly Agree coded as positive. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha), is .9485.

Respect, our fourth composite measure was derived from consumer responses to six fixed alternative questions. The Items that contributed to this scale include:

7. Staff return my calls within 24 hours.
11. Staff believe I can grow, change, and recover.
12. My questions about treatment and/or medication are answered to my satisfaction.
13. I feel free to complain.
14. I have been given information about my rights.
15. Staff respect my rights.

The *respect* scale was constructed for all individuals who had responded to at least four items in the scale. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale, and that scale was dichotomized as described above. The internal consistency of this scale, as measured by average inter-item correlation (Cronbach's Alpha), is .8980.

Autonomy, our next composite measure was derived from consumer responses to five fixed alternative questions. The items that contributed to this scale include:

17. Staff encourage me to take responsibility for how I live my life.
18. Staff tell me what medication side effect to watch out for.
19. Staff respect my wishes about who is, and is not, to be given information about my treatment.
20. I, not staff, decide my treatment goals.
19. Staff help me get the information I need so that I can take charge of managing my illness.

The *autonomy* scale was constructed for all individuals who had responded to at least three items used in the scale. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale, and that scale was dichotomized as described above. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha), is .8756.

Outcomes, our last composite measure was derived from consumer responses to eight fixed alternative questions. The items that contributed to this scale include:

26. I deal more effectively with daily problems.
27. I am better able to control my life.
28. I am better able to deal with crisis.
29. I am getting along better with my family.
30. I do better in social situations.
31. I do better at school and/or work.

32. My housing situation has improved.
33. My symptoms are not bothering me as much.

The *outcomes* scale was constructed for all individuals who had responded to at least four items used in the scale. The scores for the items that were answered were summed and divided by the number of items answered. The results were rounded to an integer scale, and that scale was dichotomized as described above. The internal consistency of this scale as measured by average inter-item correlation (Cronbach's Alpha), is .9296.

Narrative Comments

In order to obtain a more complete understanding of the opinions and concerns of consumers of CRT services in Vermont, four open ended questions were included:

1. What do you like most about the mental health services you have received?
2. What do you dislike about the mental health services you have received?
3. Are there any other services you would like to get?
4. Other comments:

Of the 1,225 respondents, 81% supplemented their responses to fixed alternative questions with written comments. These written responses were coded and grouped to provide four additional indicators of consumer satisfaction with Community Rehabilitation and Treatment services. The first indicator derived from consumer responses to the open ended questions was the proportion of all respondents who made *positive comments* about their CRT Program, and the second indicator was the proportion of all respondents who made *negative comments* about their CRT Programs. In order to provide more specificity, *positive comments* were further subdivided into *positive comments about staff* and *positive comments about services*.

Consumer Self-Reports of Outcomes

Although not a formally constructed scale, the survey asked four questions related to consumer self-reports of outcomes. These dichotomous questions (yes or no) were as follows:

During the last year…
34. Have you been employed?
35. Have you been hospitalized for medical treatment?
36. Have you been hospitalized for mental health treatment?
37. Have you been arrested?

It is important to note that the responses to these questions are subjective. Objective data from various agencies' administrative databases can provide the number of people actually employed, arrested, hospitalized, etc. Future analyses will explore the differences between self reports and objective measures, and between survey respondents and non-respondents. These analyses may be completed and reported in the near future.

Data Analysis

In order to provide a more valid basis for comparison of the performance of Vermont's ten Community Rehabilitation and Treatment Programs, two statistical correction/adjustment procedures were incorporated into the data analysis. First, a "finite population correction" was applied to results to adjust for the high proportion of all potential respondents who returned useable questionnaires. Second, a statistical "case-mix adjustment" helped to eliminate any bias that might be introduced by dissimilarities among the client populations served by different community programs.

Finite Population Correction

Consumer satisfaction surveys, intended to provide information on a finite number of people served by community mental health programs, can achieve a variety of response rates. About 45% of all potential respondents to this survey, for instance, returned useable questionnaires. When responses are received from a substantial proportion of all potential subjects, standard techniques for determining confidence intervals

overstate the uncertainty of the results. The standard procedure for deriving 95% confidence intervals for survey results assumes an infinite population represented by a small number of observations. This confidence interval is derived by multiplying the standard error of the mean for the sample by 1.96.

In order to correct this confidence interval for studies in which a substantial proportion of all potential respondents is represented, a "finite population correction" can be added to the computation. The corrected confidence interval is derived by multiplying the uncorrected confidence interval by $\sqrt{1 - n/N}$, where n is the number of observations and N is the total population under examination.

The statistical significance of all findings in the body of this report has been computed using this finite population correction.

Case-Mix Adjustment

In order to compare the performance of Vermont's CRT Programs, each of the fourteen measures of consumer satisfaction described above were statistically adjusted to account for differences in the case-mix of the ten programs in terms of client characteristics. The client characteristics that were tested included age, gender, the volume of service received, and diagnosis (affective disorder, or schizophrenia). This process involved three steps. First, statistically significant differences between the caseloads of the community programs in terms of client characteristics were identified. Second, client characteristics that were statistically related to variation in consumer evaluation of CRT Programs were identified and compared to the case-mix differences between programs. Finally, variables that were statistically related to both case-mix and satisfaction with services were used to adjust the raw measures of satisfaction for each community program. The relationship of each of our fourteen measures to client characteristics and the variation of each across programs is described in the following table:

Risk Adjustment: Statistical Significance of Differences

		Potential Risk Adjustment Factors for Scales				
		Age	Gender	Service Volume	Affective Disorder	Schizophrenia
Provider Case-mix		*	*	*		*
Fixed Alternative Scales						
	Overall	*				
	Access	*				
	Service	*			*	
	Respect	*			*	
	Autonomy	*				
	Outcomes	*				*
Narrative Scales						
	Positive	*	*	*		*
	Negative	*	*	*		*
	Services	*				
	Staff		*		*	*
Self-Reports of Outcomes						
	Employed	*				
	Hospitalized - Med	*		*	*	*
	Hospitalized - MH	*	*	*	*	*
	Arrested	*	*	*	*	

Four of the five potential risk adjustment factors were found to vary among CRT Programs at a statistically significant level ($p < 10$). These factors include age, gender, volume of service received, and the proportion having a diagnosis of schizophrenia. Programs did not differ in case-mix in terms of a diagnosis of affective disorder of the consumers they served.

Whenever a statistical adjustment of survey results was necessary to provide an unbiased comparison of CRT Programs, the analysis followed a four-step process. First, the respondents from each community program were divided into the number of categories resulting from the combination of risk adjustment factors. When service volume alone is required, three categories are used. When service volume (three categories) and age (three categories) adjustments are both indicated, nine categories result. Second, the average (mean) consumer rating was determined for each of these categories. Third, the proportion of all CRT Program clients, statewide, who fell into each category, was determined. Finally, the mean consumer rating for each category was multiplied (weighted) by the statewide proportion of all potential respondents within that category. The results were summed to provide a measure of consumer rating that is free of the influence of differences in the case-mix of consumers across programs.

Mathematically, this analytical process is expressed by the following formula:

$$\sum w_i \overline{X_i}$$

Where 'wi' is the proportion of all potential respondents who, for example, fall into age category 'i', and '$\overline{X_i}$' is the average level of satisfaction for people in age group 'i'.

When one of the categories used in this analysis includes no responses, it is necessary to reconsider if the difference between the caseload of a specific program and the caseload of other programs in the state is too great to allow for statistical case-mix adjustment. If it is decided that the difference is within reason, the empty category was collapsed into an adjacent category and the process described above was repeated using the smaller set of categories.

Discussion

Both of the statistical adjustments/corrections used in this evaluation allowed the analysis to take into account the methodological strengths and shortcomings of the survey and the unique characteristics of Vermont's Community Mental Health Programs. Finite population correction provides the narrower confidence intervals that are appropriate to a study, which obtains responses from a large proportion of all potential respondents. Statistical adjustment for difference in case-mix allows researchers and program evaluators to appropriately compare the performance of programs that serve people with different demographic and clinical characteristics, and different patterns of service utilization.

In the Vermont CRT Survey, the finite population correction had an impact on the statistical significance of the results of the consumer satisfaction survey. The statistical adjustment designed to correct for differences in case-mix across provider organizations also had an impact on the survey results. This pattern is the result of specific characteristics of the Vermont survey and the Vermont system of care.

The Vermont CRT survey had a moderate response rate, and there were differences in the client populations of the ten programs in areas that were related to consumer satisfaction. The relative impact of these statistical

adjustments will be very different in situations where response rates are lower and/or case-mix differences are less substantial.

APPENDIX V: TABLES AND FIGURES

Response Rates by Program

Positive Responses to Individual Questions by Program

Positive Scale Scores by Program

Provider Comparisons

Table 1
Response Rates by Program

		Number					Response Rate	
Region	-CMHC	Mailed	Undeliverable	Deceased	Deliverable	Returned	% Mailed	% Deliverable
Statewide		3,136	385	19	2,732	1,225	39%	45%
Addison	-CSAC	172	22	2	148	66	38%	45%
Bennington	-UCS	182	13	1	168	85	47%	51%
Chittenden	-HCHS	609	128	4	477	216	35%	45%
Lamoille	-LCMH	155	11	0	144	61	39%	42%
Northeast	-NEK	440	37	1	402	195	44%	49%
Northwest	-NCSS	239	34	3	202	87	36%	43%
Orange	-CMC	167	13	1	153	62	37%	41%
Rutland	-RACS	316	54	1	261	140	44%	54%
Southeast	-HCRS	384	39	4	341	147	38%	43%
Washington	-WCMH	472	34	2	436	166	35%	38%

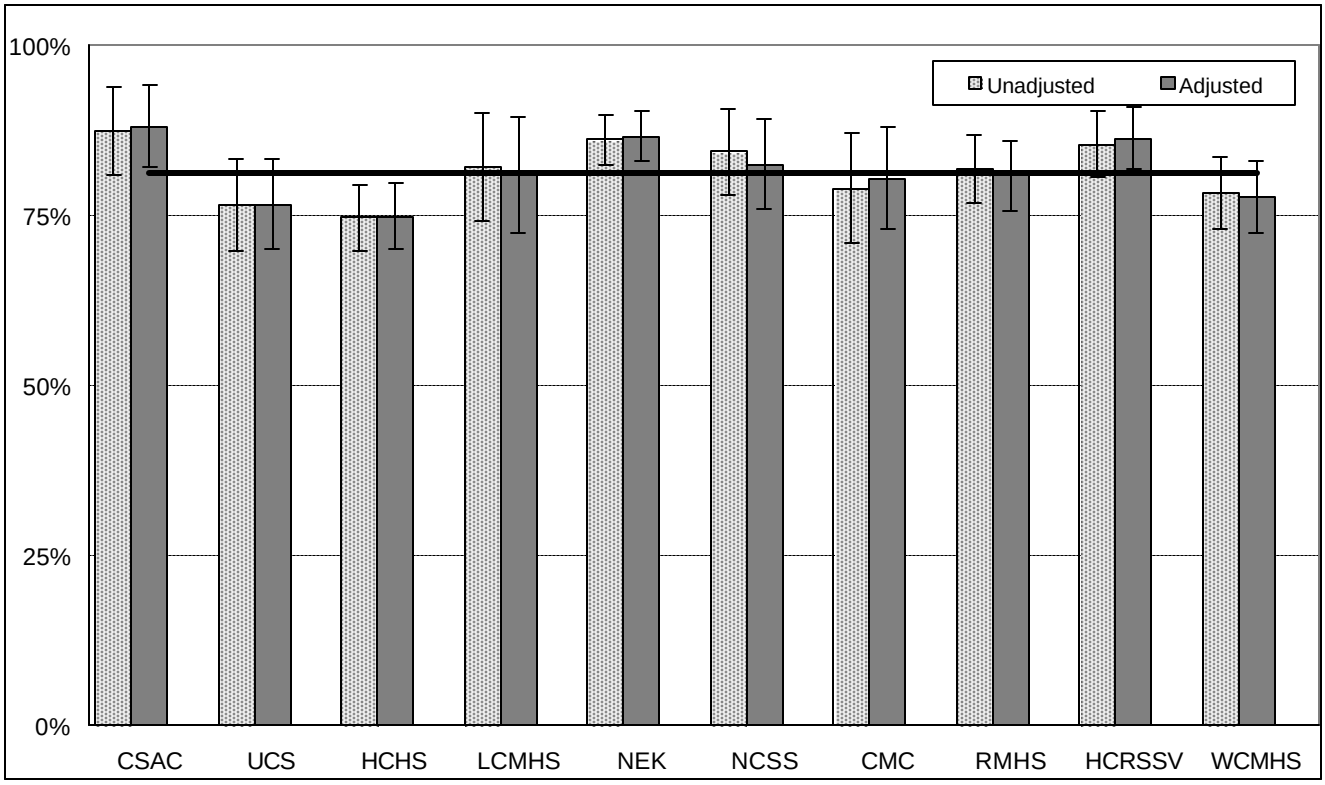
Table 2
Scale Scores by Program

	Scales based on Fixed Alternative Items						Scales Based on Narrative Comments			
Region - CMHC	Overall	Access	Service	Respect	Autonomy	Outcomes	Positive	Negative	Pos. Svcs	Pos. Staff
Statewide	81%	81%	83%	81%	79%	68%	62%	39%	26%	47%
Addison - CSAC	**88%**	86%	**93%**	83%	80%	74%	63%	**24%**	18%	55%
Bennington - UCS	77%	**74%**	85%	83%	80%	64%	64%	43%	**39%**	48%
Chittenden - HCHS	**75%**	**73%**	**74%**	**74%**	**74%**	63%	66%	**45%**	**34%**	47%
Lamoille - LCMHS	81%	80%	83%	80%	82%	71%	66%	**31%**	21%	49%
Northeast - NEK	**87%**	**87%**	**87%**	84%	**84%**	66%	62%	44%	**32%**	43%
Northwest- NCSS	83%	**87%**	83%	79%	76%	**76%**	67%	46%	26%	42%
Orange - CMC	80%	83%	77%	77%	77%	65%	69%	38%	**16%**	**63%**
Rutland - RMHS	81%	81%	83%	83%	82%	72%	**56%**	38%	28%	**34%**
Southeast- HCRSSV	**86%**	83%	86%	83%	76%	72%	68%	39%	25%	**54%**
Washington - WCMHS	78%	79%	83%	78%	77%	64%	**55%**	**32%**	**10%**	48%

Table 3
Positive Responses to Individual Questions by Program

	State	Addison	Bennington	Chittenden	Lamoille	Northeast	Northwest	Orange	Rutland	Southeast	Washington
Staff treat me with respect	87%	94%	85%	82%	89%	90%	88%	83%	89%	90%	87%
Services are available at times that are good for me	87%	91%	81%	83%	86%	89%	88%	81%	89%	85%	91%
I have been given information about my rights	85%	88%	88%	79%	82%	89%	89%	85%	89%	81%	87%
Most of the services I get are helpful	85%	87%	88%	79%	89%	87%	87%	83%	84%	87%	88%
Staff I work with are competent and knowledgeable	85%	92%	87%	83%	89%	86%	79%	78%	90%	83%	84%
Staff respect my wishes about who is, and is not, to be given information about my treatment	84%	84%	84%	82%	83%	90%	83%	85%	88%	80%	84%
Staff respect my rights	84%	87%	85%	80%	84%	85%	84%	77%	89%	84%	86%
Staff encourage me to take responsibility for how I live my life	83%	92%	91%	80%	88%	86%	78%	90%	83%	79%	80%
I like the services that I receive	83%	89%	82%	77%	82%	85%	84%	75%	85%	86%	84%
The location of the services is convenient (parking, public transportation, distance, etc.)	82%	82%	84%	81%	87%	86%	82%	90%	77%	81%	77%
Staff are willing to see me as often as I feel it is necessary	80%	88%	75%	74%	83%	83%	86%	82%	86%	83%	73%
I am able to get the services I need	80%	87%	79%	73%	80%	84%	89%	74%	83%	83%	75%
Staff are sensitive to my cultural background (race, religion, language etc.)	80%	79%	82%	77%	82%	84%	80%	74%	83%	82%	74%
My questions about treatment and/or medication are answered to my satisfaction	79%	86%	84%	77%	73%	81%	82%	75%	83%	82%	72%
I would recommend this agency to a friend or family member	79%	86%	76%	71%	82%	82%	75%	74%	83%	80%	82%
I feel free to complain	78%	80%	81%	72%	76%	79%	83%	77%	85%	78%	77%
I am better able to control my life	78%	79%	81%	74%	76%	85%	80%	68%	81%	77%	76%
Staff help me get the information I need so that I can take charge of managing my illness	78%	77%	76%	74%	85%	83%	80%	73%	77%	77%	78%
Staff return my calls within 24 hours	78%	73%	72%	73%	84%	79%	76%	83%	83%	80%	78%
I deal more effectively with daily problems	77%	84%	77%	73%	74%	81%	79%	68%	80%	75%	76%
Staff believe that I can grow, change, and recover	76%	75%	74%	72%	84%	83%	83%	74%	79%	73%	72%
I am encouraged to use consumer run programs (support groups, drop-in centers, crisis phone line etc.)	76%	79%	82%	71%	75%	76%	79%	85%	77%	73%	74%
If I had other choices, I would still get services from this agency	76%	85%	74%	64%	72%	81%	76%	71%	82%	77%	78%
I, not staff, decide my treatment goals	74%	75%	78%	71%	76%	79%	72%	64%	79%	75%	72%
I am satisfied with my progress in terms of growth, change, and recovery	74%	77%	73%	72%	73%	78%	72%	69%	77%	72%	73%
I am able to see a psychiatrist when I want to	74%	77%	79%	69%	81%	77%	71%	65%	73%	80%	69%
I am better able to deal with crisis	71%	69%	71%	71%	65%	77%	72%	63%	77%	67%	70%
I am getting along better with my family	71%	70%	70%	69%	66%	77%	71%	63%	77%	66%	70%
Staff tell me what medication side effects to watch for	70%	73%	74%	62%	64%	78%	71%	72%	73%	65%	72%
My housing situation has improved	67%	74%	74%	62%	72%	61%	68%	69%	66%	69%	68%
I do better in social situations	67%	69%	68%	66%	56%	73%	68%	58%	69%	62%	67%
My symptoms are not bothering me as much	63%	63%	64%	62%	60%	66%	65%	57%	64%	63%	63%
I do better at work and/or in school	56%	56%	63%	54%	44%	56%	68%	52%	51%	53%	63%
Average	77%	80%	78%	73%	77%	80%	78%	74%	80%	77%	76%

Table 4
Overall Evaluation
Consumers Served by CRT Programs in Vermont

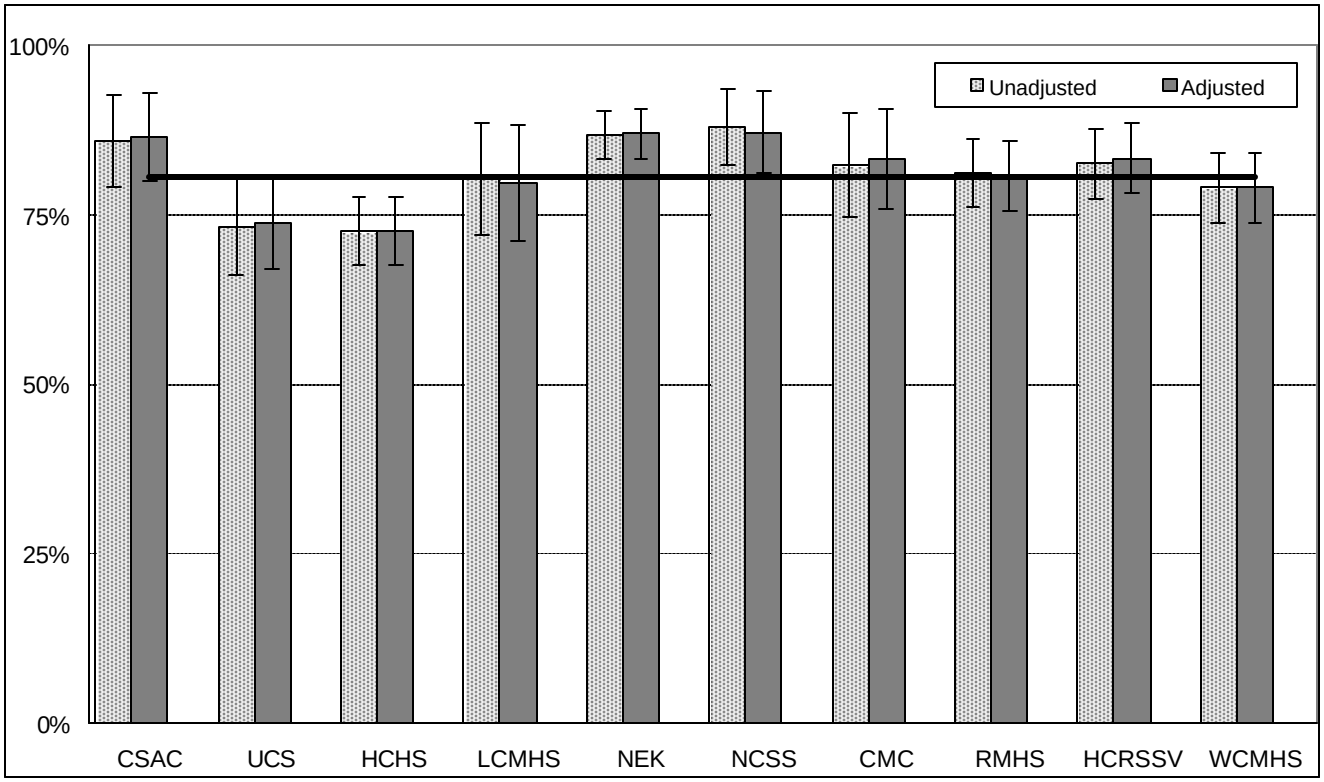


Region - CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents[1]	Confidence Interval	Significance
Addison - CSAC	64	56	88%	88%	(82%-94%)	*
Bennington - UCS	83	70	77%	77%	(70%-83%)	
Chittenden - HCHS	202	151	75%	75%	(70%-80%)	*
Lamoille - LCMHS	56	46	82%	81%	(72%-89%)	
Northeast - NEK	130	111	86%	87%	(83%-90%)	*
Northwest- NCSS	188	162	84%	83%	(76%-89%)	
Orange - CMC	62	49	79%	80%	(73%-88%)	
Rutland - RMHS	132	108	82%	81%	(76%-86%)	
Southeast- HCRSSV	81	62	85%	86%	(82%-91%)	*
Washington - WCMHS	161	126	78%	78%	(72%-83%)	
Statewide	1159	941	81%	81%		

[1] Statistically adjusted to reflect caseload composition by age statewide

* Significantly different from average overall evaluation statewide (p=.05)

Table 5
Evaluation of Access
Consumers Served by CRT Programs in Vermont

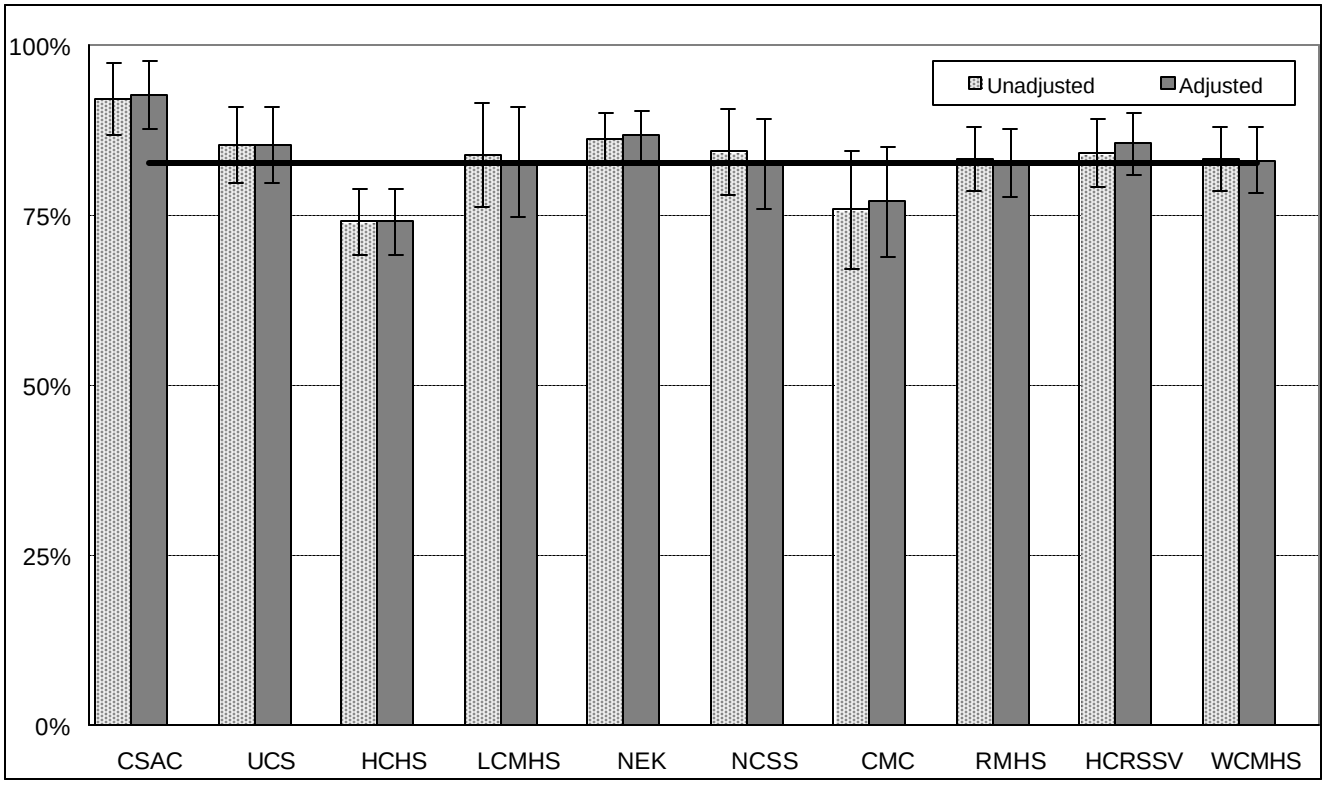


Region - CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents[1]	Confidence Interval	Significance
Addison - CSAC	64	55	86%	86%	(80%-93%)	
Bennington - UCS	83	73	73%	74%	(67%-81%)	*
Chittenden - HCHS	204	148	73%	73%	(68%-78%)	*
Lamoille - LCMHS	56	45	80%	80%	(71%-88%)	
Northeast - NEK	132	109	87%	87%	(83%-91%)	*
Northwest- NCSS	189	164	88%	87%	(81%-93%)	*
Orange - CMC	62	51	82%	83%	(76%-90%)	
Rutland - RMHS	132	107	81%	81%	(76%-86%)	
Southeast- HCRSSV	82	60	83%	83%	(78%-88%)	
Washington - WCMHS	162	128	79%	79%	(74%-84%)	
Statewide	1166	940	81%	81%		

[1] Statistically adjusted to reflect caseload composition by age statewide

* Significantly different from average evaluation of access statewide (p=.05)

Table 6
Evaluation of Service
Consumers Served by CRT Programs in Vermont

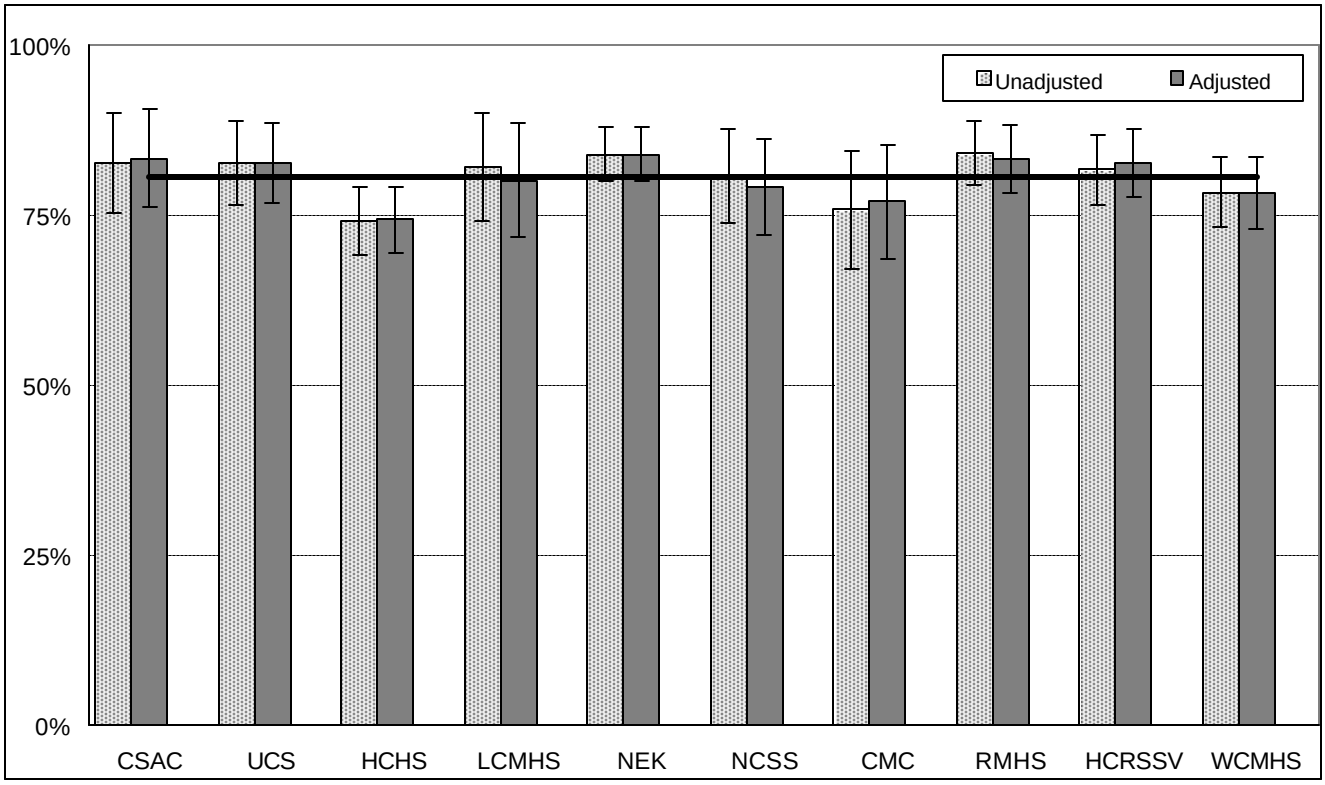


Region - CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents[1]	Confidence Interval	Significance
Addison - CSAC	64	59	92%	93%	(88%-98%)	*
Bennington - UCS	83	70	85%	85%	(80%-91%)	
Chittenden - HCHS	204	151	74%	74%	(69%-79%)	*
Lamoille - LCMHS	56	47	84%	83%	(75%-91%)	
Northeast - NEK	132	111	86%	87%	(83%-90%)	*
Northwest- NCSS	189	163	84%	83%	(76%-89%)	
Orange - CMC	62	47	76%	77%	(69%-85%)	
Rutland - RMHS	132	110	83%	83%	(78%-88%)	
Southeast- HCRSSV	82	70	84%	86%	(81%-90%)	
Washington - WCMHS	162	135	83%	83%	(78%-88%)	
Statewide	1166	963	83%	83%		

[1] Statistically adjusted to reflect caseload composition by age statewide

* Significantly different from average evaluation of service statewide (p=.05)

Table 7
Evaluation of Respect
Consumers Served by CRT Programs in Vermont

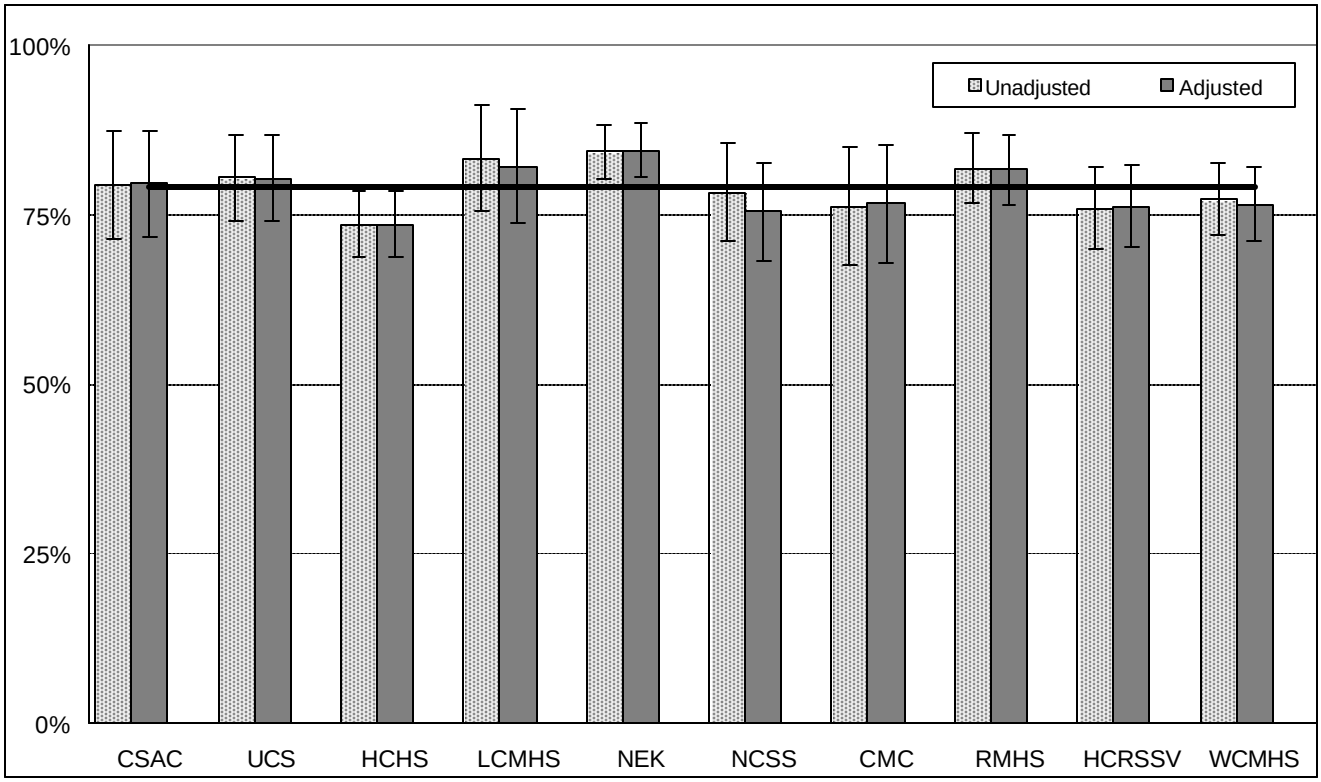


Region - CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents[1]	Confidence Interval	Significance
Addison - CSAC	64	53	83%	83%	(76%-91%)	
Bennington - UCS	83	67	83%	83%	(77%-89%)	
Chittenden - HCHS	201	149	74%	74%	(69%-79%)	*
Lamoille - LCMHS	56	46	82%	80%	(72%-88%)	
Northeast - NEK	131	107	84%	84%	(80%-88%)	
Northwest- NCSS	187	157	81%	79%	(72%-86%)	
Orange - CMC	62	47	76%	77%	(69%-85%)	
Rutland - RMHS	132	111	84%	83%	(78%-88%)	
Southeast- HCRSSV	81	67	82%	83%	(78%-88%)	
Washington - WCMHS	162	127	78%	78%	(73%-84%)	
Statewide	1159	931	81%	81%		

[1] Statistically adjusted to reflect caseload composition by age statewide

* Significantly different from average evaluation of respect statewide (p=.05)

Table 8
Evaluation of Autonomy
Consumers Served by CRT Programs in Vermont

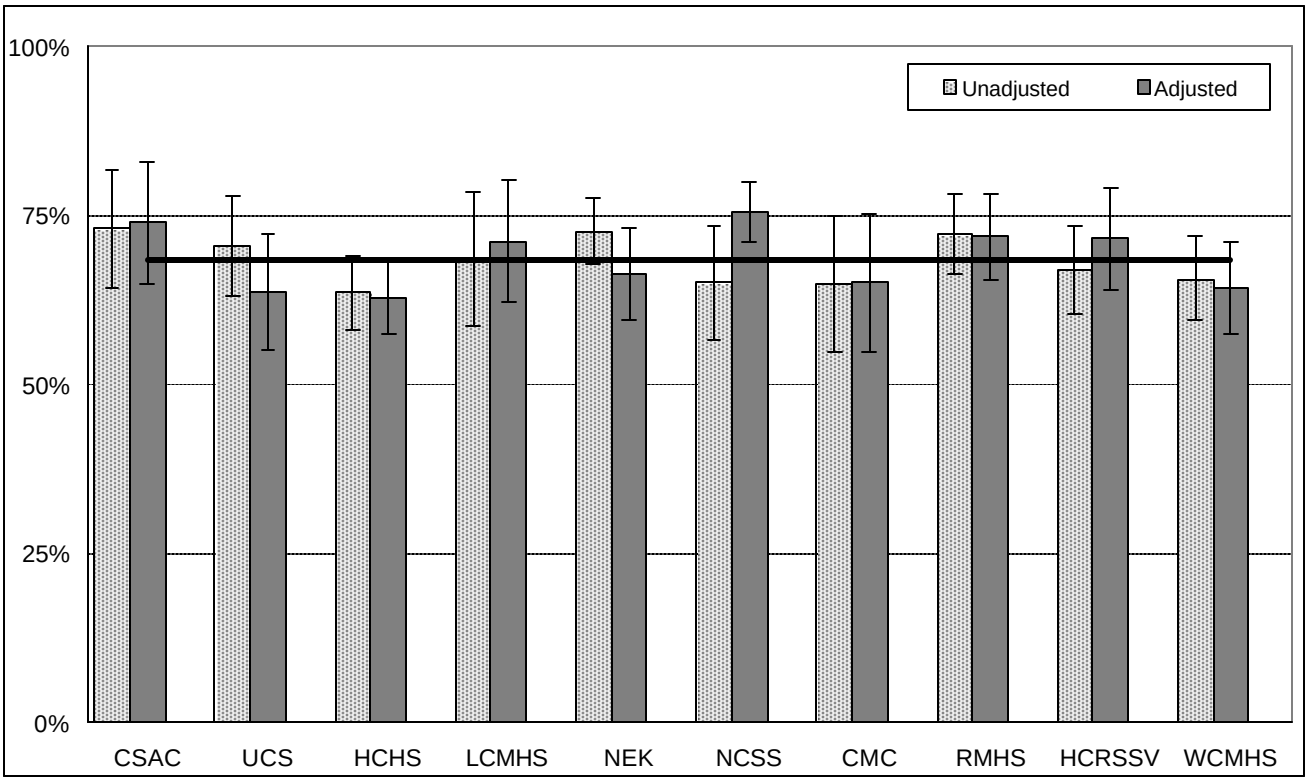


Region - CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents[1]	Confidence Interval	Significance
Addison - CSAC	63	50	79%	80%	(72%-87%)	
Bennington - UCS	83	65	80%	80%	(74%-87%)	
Chittenden - HCHS	197	145	74%	74%	(69%-79%)	*
Lamoille - LCMHS	54	45	83%	82%	(74%-90%)	
Northeast - NEK	125	95	84%	84%	(80%-88%)	*
Northwest- NCSS	179	151	78%	76%	(68%-83%)	
Orange - CMC	59	45	76%	77%	(68%-85%)	
Rutland - RMHS	121	99	82%	82%	(77%-87%)	
Southeast- HCRSSV	82	66	76%	76%	(70%-82%)	
Washington - WCMHS	154	119	77%	77%	(71%-82%)	
Statewide	1117	880	79%	79%		

[1] Statistically adjusted to reflect caseload composition by age statewide

* Significantly different from average evaluation of autonomy statewide (p=.05)

Table 9
Evaluation of Outcomes
Consumers Served by CRT Programs in Vermont

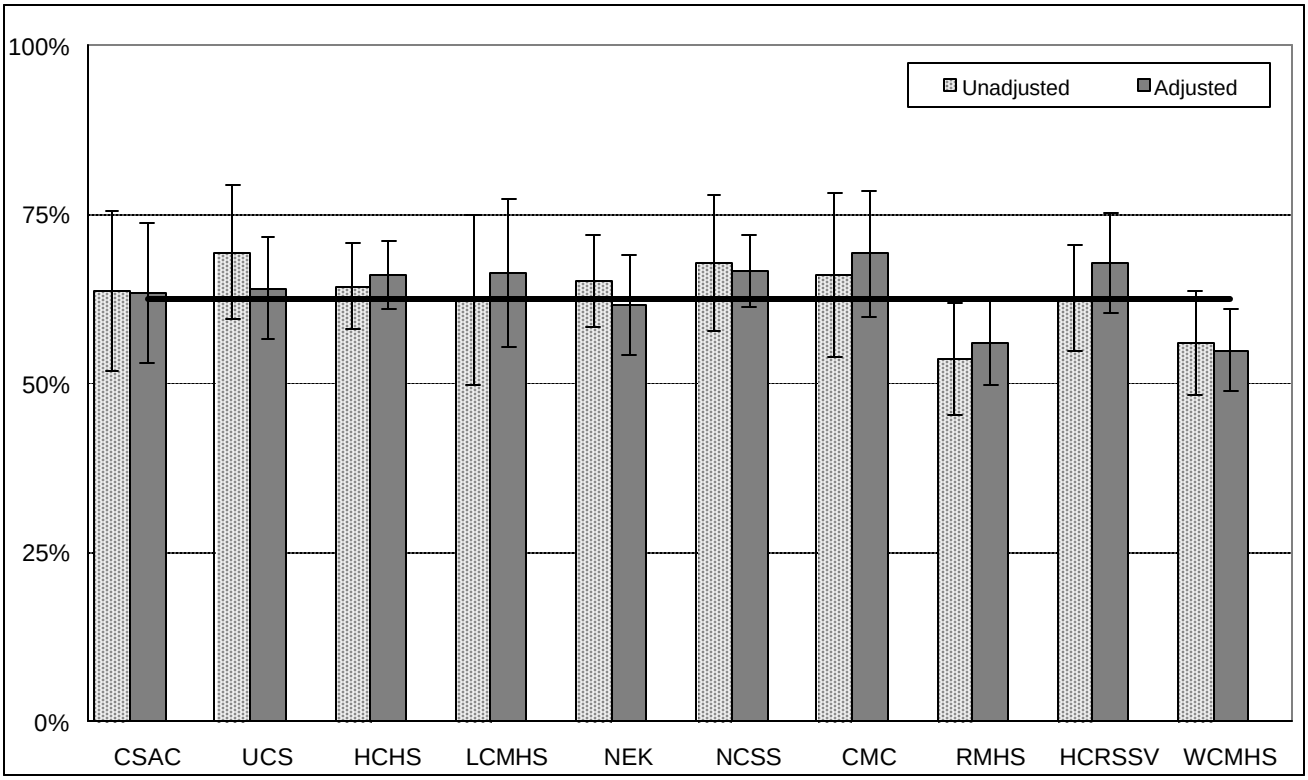


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents[1]	Confidence Interval	Significance
Addison - CSAC	63	46	73%	74%	(65%-83%)	
Bennington - UCS	80	52	71%	64%	(55%-72%)	
Chittenden - HCHS	195	124	64%	63%	(57%-68%)	
Lamoille - LCMHS	54	37	69%	71%	(62%-80%)	
Northeast - NEK	124	83	73%	66%	(59%-73%)	
Northwest- NCSS	179	130	65%	76%	(71%-80%)	*
Orange - CMC	57	37	65%	65%	(55%-75%)	
Rutland - RMHS	122	88	72%	72%	(66%-78%)	
Southeast- HCRSSV	78	55	67%	72%	(64%-79%)	
Washington - WCMHS	148	97	66%	64%	(58%-71%)	
Statewide	1100	749	68%	68%		

[1] Statistically adjusted to reflect caseload composition by age and schizophrenia statewide

* Significantly different from average outcomes evaluation statewide (p=.05)

Table 10
Positive Narrative Comments
Consumers Served by CRT Programs in Vermont

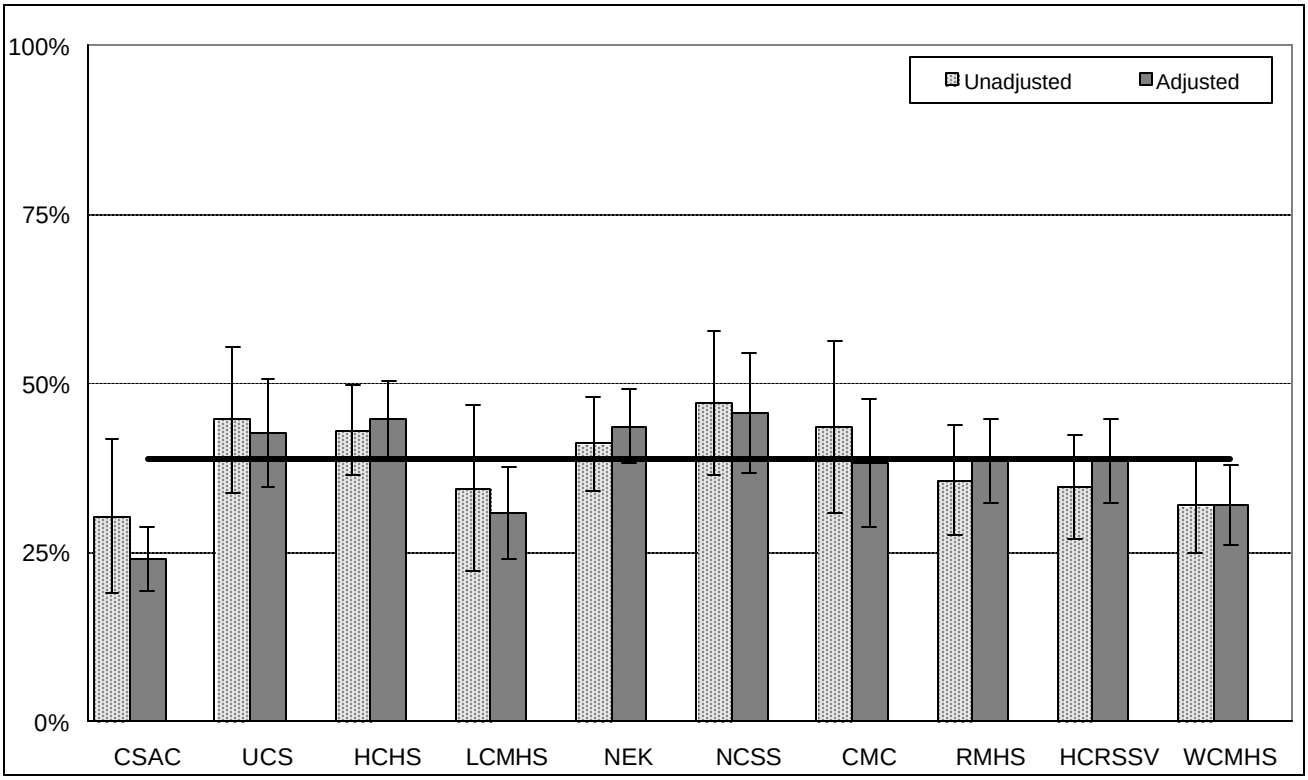


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents[1]	Confidence Interval	Significance
Addison - CSAC	66	42	64%	63%	(53%-74%)	
Bennington - UCS	87	59	69%	64%	(56%-72%)	
Chittenden - HCHS	216	139	64%	66%	(61%-71%)	
Lamoille - LCMHS	61	38	62%	66%	(55%-77%)	
Northeast - NEK	147	92	65%	62%	(54%-69%)	
Northwest- NCSS	195	127	68%	67%	(61%-72%)	
Orange - CMC	62	41	66%	69%	(60%-79%)	
Rutland - RMHS	140	75	54%	56%	(50%-62%)	*
Southeast- HCRSSV	85	59	63%	68%	(60%-75%)	
Washington - WCMHS	166	93	56%	55%	(49%-61%)	*
Statewide	1225	765	62%	62%		

[1] Statistically adjusted to reflect caseload composition by service volume and gender statewide

* Significantly different from average overall evaluation statewide (p=.05)

Table 11
Negative Narrative Comments
Consumers Served by CRT Programs in Vermont

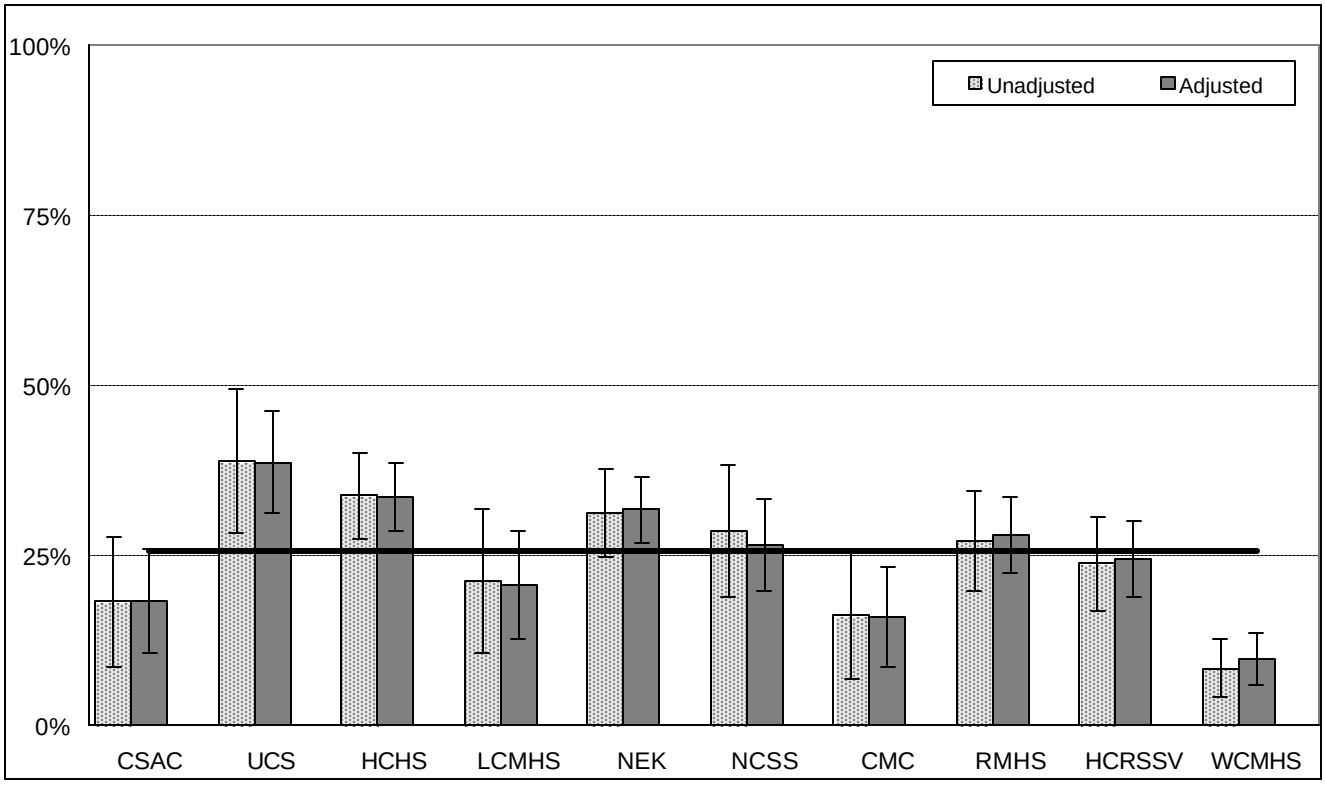


Region-CMHC	# Respondents	# Negative Respondents	% Negative Respondents	Adj. % Neg. Respondents[1]	Confidence Interval	Significance
Addison - CSAC	66	20	30%	24%	(19%-29%)	*
Bennington - UCS	87	41	45%	43%	(35%-51%)	
Chittenden - HCHS	216	93	43%	45%	(39%-50%)	*
Lamoille - LCMHS	61	21	34%	31%	(24%-38%)	*
Northeast - NEK	147	51	41%	44%	(38%-49%)	
Northwest- NCSS	195	80	47%	46%	(37%-54%)	
Orange - CMC	62	27	44%	38%	(29%-48%)	
Rutland - RMHS	140	50	36%	38%	(32%-45%)	
Southeast- HCRSSV	85	38	35%	39%	(32%-45%)	
Washington - WCMHS	166	53	32%	32%	(26%-38%)	*
Statewide	1225	474	39%	39%		

[1] Statistically adjusted to reflect caseload composition by gender, service volume, and schizophrenia statewide

* Significantly different from negative comments statewide (p=.05)

Table 12
Positive Comments about Services
Consumers Served by CRT Programs in Vermont

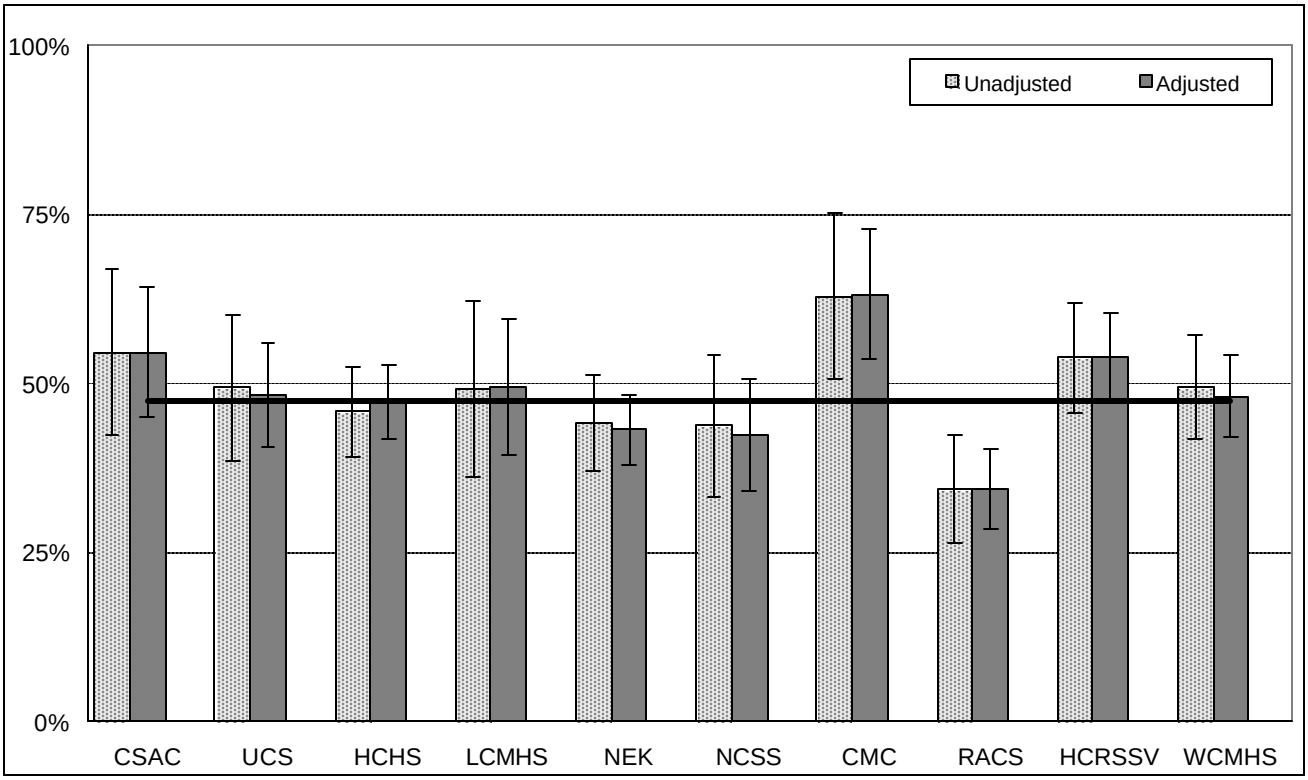


Region - CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents[1]	Confidence Interval	Significance
Addison - CSAC	66	12	18%	18%	(11%-26%)	
Bennington - UCS	87	25	39%	39%	(31%-46%)	*
Chittenden - HCHS	216	73	34%	34%	(29%-39%)	*
Lamoille - LCMHS	61	13	21%	21%	(13%-29%)	
Northeast - NEK	147	35	31%	32%	(27%-37%)	*
Northwest- NCSS	195	61	29%	26%	(20%-33%)	
Orange - CMC	62	10	16%	16%	(9%-23%)	*
Rutland - RMHS	140	38	27%	28%	(22%-34%)	
Southeast- HCRSSV	85	33	24%	25%	(19%-30%)	
Washington - WCMHS	166	14	8%	10%	(6%-14%)	*
Statewide	1225	314	26%	26%		

[1] Statistically adjusted to reflect caseload composition by age statewide

* Significantly different from positive comments about services statewide (p=.05)

Table 13
Positive Comments about Staff
Consumers Served by CRT Programs in Vermont

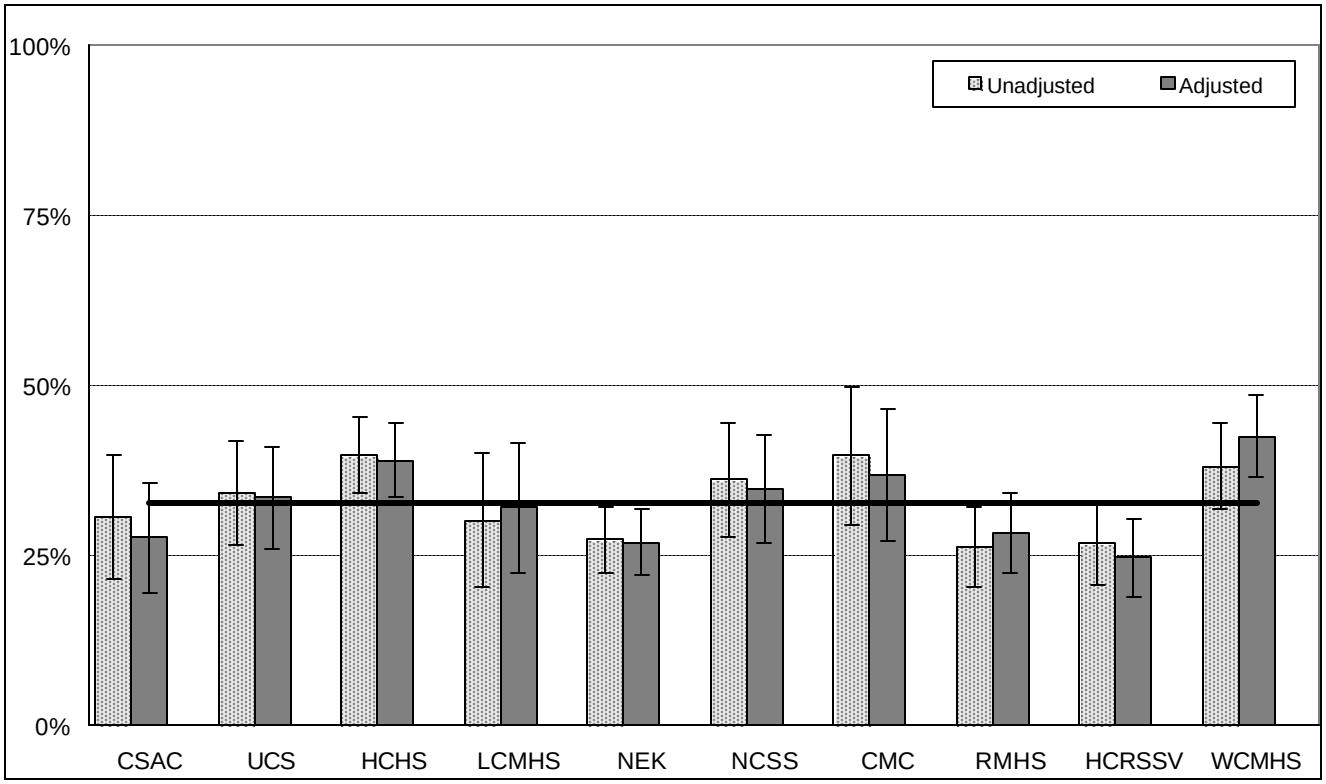


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents[1]	Confidence Interval	Significance
Addison - CSAC	66	36	55%	55%	(45%-64%)	
Bennington - UCS	87	38	49%	48%	(41%-56%)	
Chittenden - HCHS	216	99	46%	47%	(42%-53%)	
Lamoille - LCMHS	61	30	49%	49%	(39%-59%)	
Northeast - NEK	147	79	44%	43%	(38%-48%)	
Northwest- NCSS	195	86	44%	42%	(34%-51%)	
Orange - CMC	62	39	63%	63%	(53%-73%)	*
Rutland - RMHS	140	48	34%	34%	(28%-40%)	*
Southeast- HCRSSV	85	42	54%	54%	(47%-61%)	*
Washington - WCMHS	166	82	49%	48%	(42%-54%)	
Statewide	1225	579	47%	47%		

[1] Statistically adjusted to reflect caseload composition by gender and schizophrenia statewide

* Significantly different from average positive comments about staff statewide (p=.05)

Table 14
Self Reports of Employment
Consumers Served by CRT Programs in Vermont

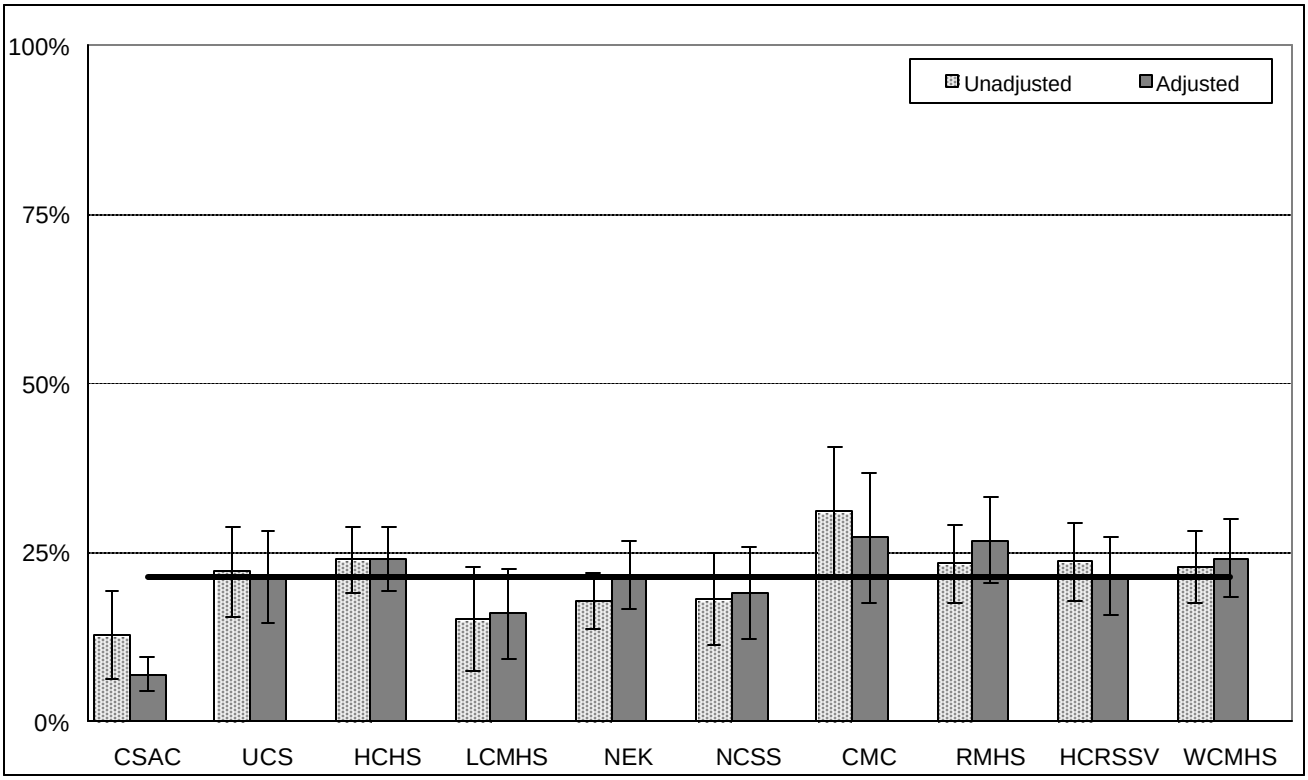


Region - CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents[1]	Confidence Interval	Significance
Addison - CSAC	62	19	31%	28%	(20%-36%)	
Bennington - UCS	83	30	34%	34%	(26%-41%)	
Chittenden - HCHS	194	77	40%	39%	(34%-44%)	*
Lamoille - LCMHS	53	16	30%	32%	(22%-42%)	
Northeast - NEK	127	34	27%	27%	(22%-32%)	*
Northwest- NCSS	179	49	36%	35%	(27%-43%)	
Orange - CMC	58	23	40%	37%	(27%-47%)	
Rutland - RMHS	118	31	26%	28%	(23%-34%)	
Southeast- HCRSSV	79	27	27%	25%	(19%-30%)	*
Washington - WCMHS	152	58	38%	42%	(36%-49%)	*
Statewide	1105	364	33%	33%		

[1] Statistically adjusted to reflect caseload composition by age statewide

* Significantly different from average statewide (p=.05)

Table 15
Self Reports of Hospitalization for Mental Health Treatment
Consumers Served by CRT Programs in Vermont

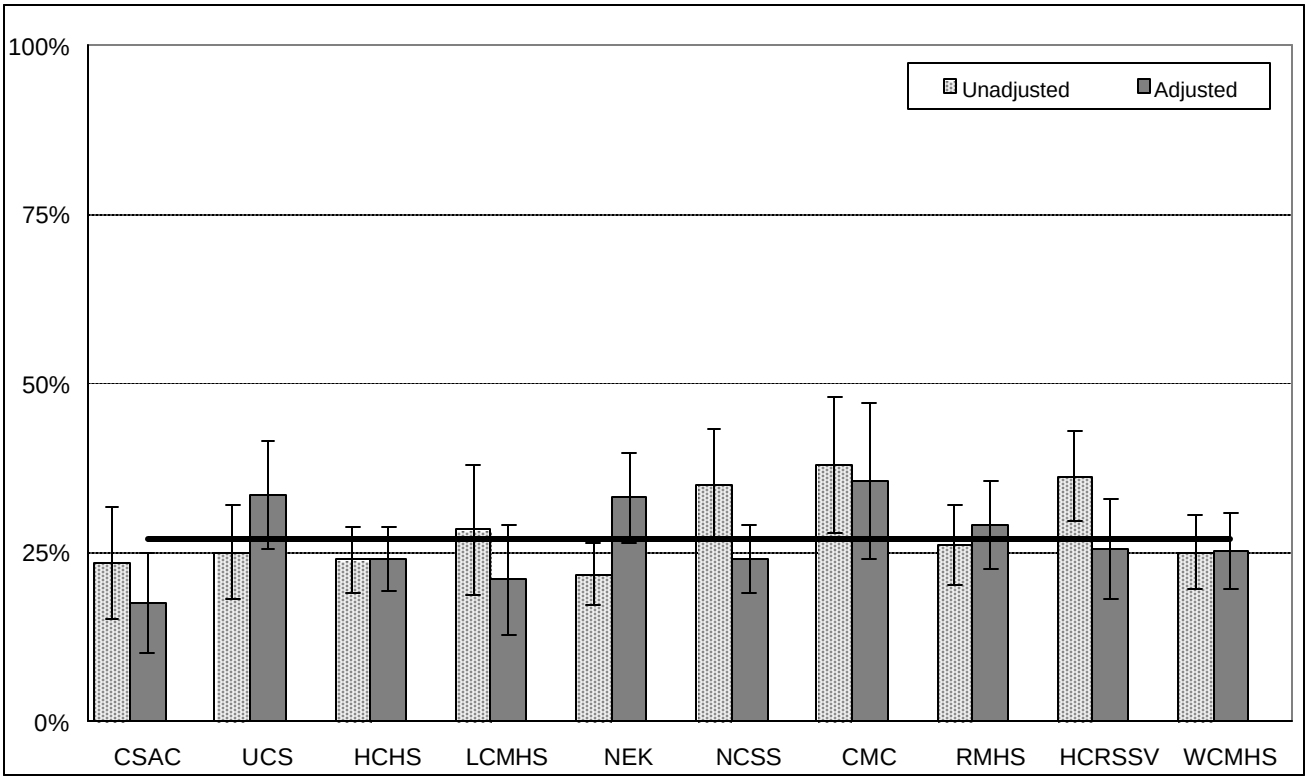


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents[1]	Confidence Interval	Significance
Addison - CSAC	63	8	13%	7%	(4%-10%)	*
Bennington - UCS	83	15	22%	21%	(15%-28%)	
Chittenden - HCHS	197	47	24%	24%	(19%-29%)	
Lamoille - LCMHS	53	8	15%	16%	(9%-23%)	
Northeast - NEK	127	30	18%	22%	(17%-27%)	
Northwest- NCSS	180	32	18%	19%	(12%-26%)	
Orange - CMC	58	18	31%	27%	(18%-37%)	
Rutland - RMHS	120	28	23%	27%	(20%-33%)	
Southeast- HCRSSV	81	18	24%	22%	(16%-27%)	
Washington - WCMHS	153	35	23%	24%	(18%-30%)	
Statewide	1115	239	21%	21%		

[1] Statistically adjusted to reflect caseload composition by gender, service volume, and schizophrenia statewide

* Significantly different from average statewide (p=.05)

Table 16
Self Reports of Hospitalization for Medical Treatment
Consumers Served by CRT Programs in Vermont

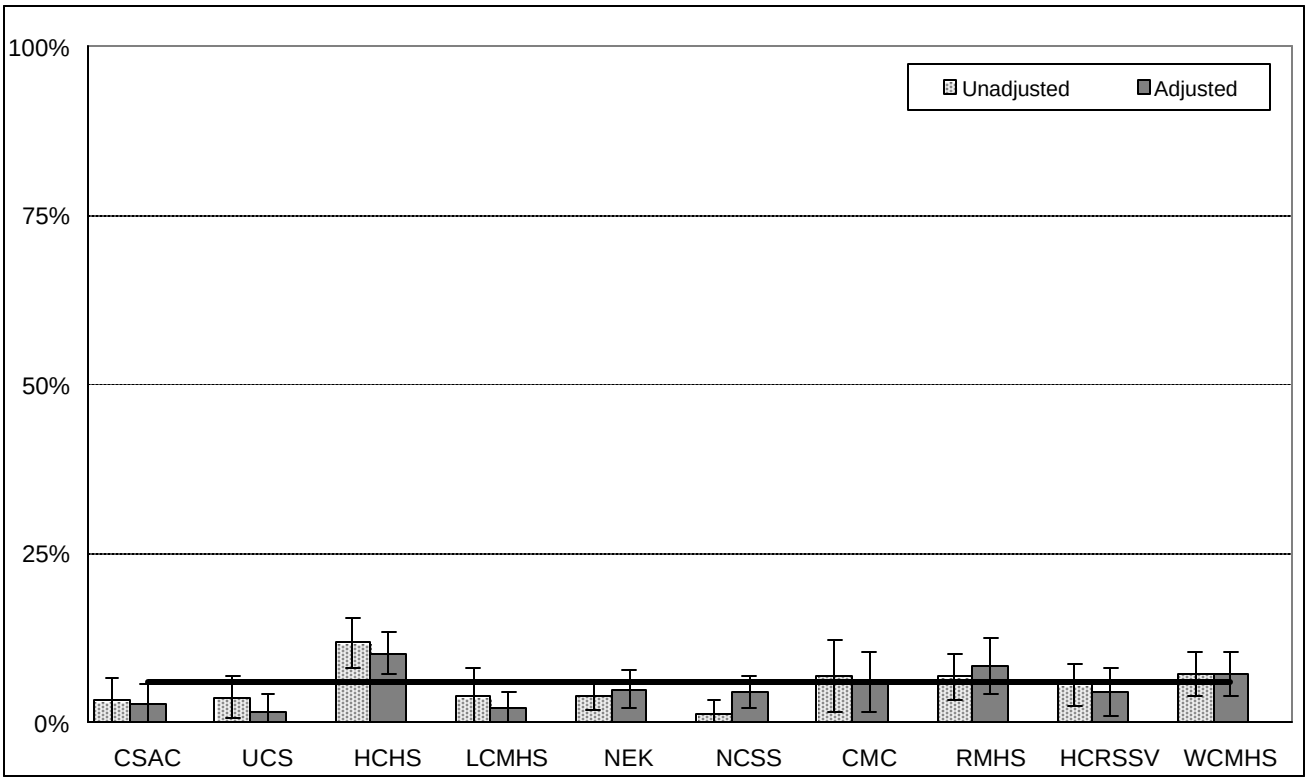


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents[1]	Confidence Interval	Significance
Addison - CSAC	64	15	23%	18%	(10%-25%)	*
Bennington - UCS	83	29	25%	34%	(26%-42%)	
Chittenden - HCHS	197	47	24%	24%	(19%-29%)	
Lamoille - LCMHS	53	15	28%	21%	(13%-29%)	
Northeast - NEK	127	46	22%	33%	(27%-40%)	
Northwest- NCSS	179	39	35%	24%	(19%-29%)	
Orange - CMC	58	22	38%	36%	(24%-47%)	
Rutland - RMHS	119	31	26%	29%	(22%-36%)	
Southeast- HCRSSV	80	20	36%	26%	(18%-33%)	
Washington - WCMHS	152	38	25%	25%	(20%-31%)	
Statewide	1112	302	27%	27%		

[1] Statistically adjusted to reflect caseload composition by service volume and schizophrenia statewide

* Significantly different from average statewide (p=.05)

Table 17
Self Reports of Arrests
Consumers Served by CRT Programs in Vermont

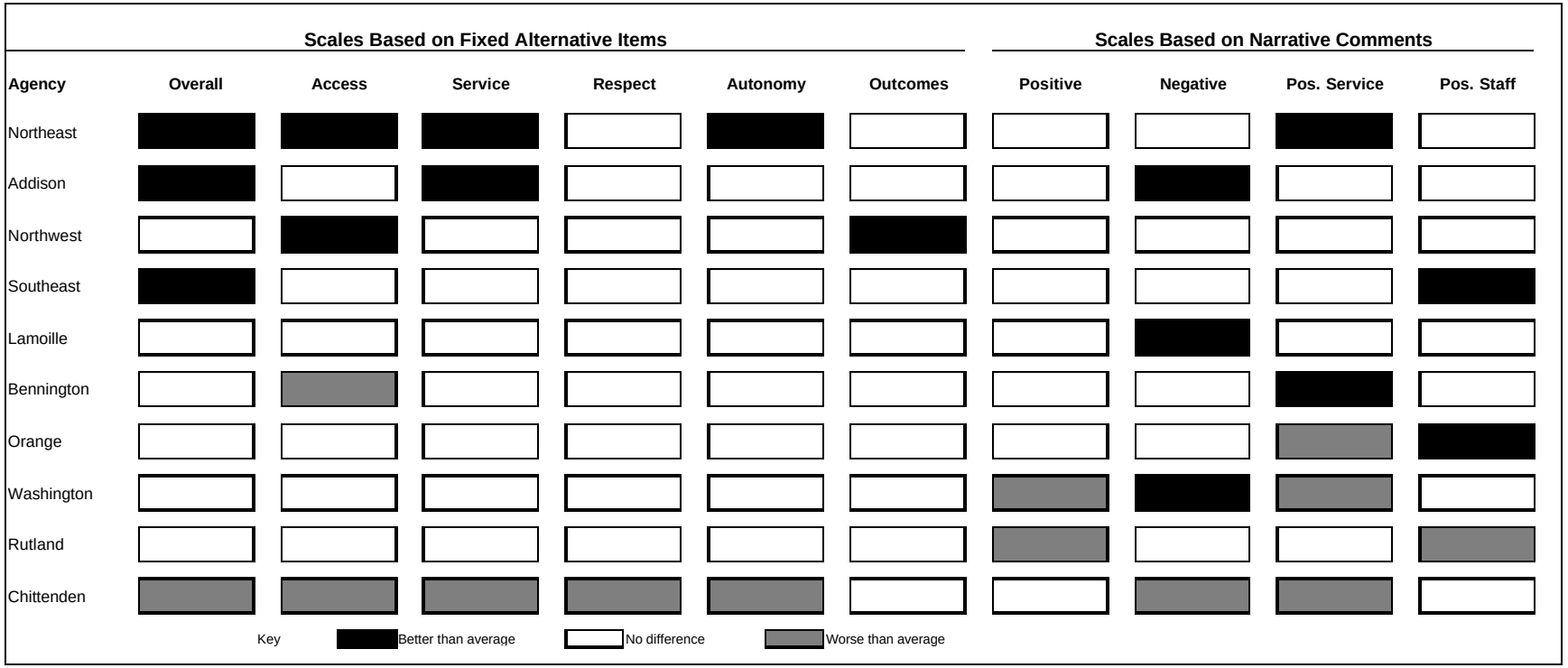


Region-CMHC	# Respondents	# Positive Respondents	% Positive Respondents	Adj. % Positive Respondents[1]	Confidence Interval	Significance
Addison - CSAC	63	2	3%	3%	(0%-6%)	*
Bennington - UCS	80	1	4%	2%	(-1%-4%)	*
Chittenden - HCHS	196	23	12%	10%	(7%-13%)	*
Lamoille - LCMHS	52	2	4%	2%	(0%-4%)	*
Northeast - NEK	126	7	4%	5%	(2%-8%)	
Northwest- NCSS	181	7	1%	4%	(2%-7%)	
Orange - CMC	58	4	7%	6%	(1%-10%)	
Rutland - RMHS	119	8	7%	8%	(4%-13%)	
Southeast- HCRSSV	80	3	6%	5%	(1%-8%)	
Washington - WCMHS	153	11	7%	7%	(4%-10%)	
Statewide	1108	68	6%	6%		

[1] Statistically adjusted to reflect caseload composition by service volume and gender statewide

* Significantly different from average statewide (p=.05)

Consumer Evaluation of Community Rehabilitation and Treatment Programs in Vermont: FY 2004



APPENDIX VI

Community Rehabilitation and Treatment Programs in Vermont

This report provides assessments of the ten regional Community Rehabilitation and Treatment Programs that are designated by the Vermont Division of Mental Health (DMH). CRT Programs serve clients who are severely disabled because of mental illness. Frequently these programs are providing community services as an alternative to institutionalization. In addition to regular outpatient services, CRT Programs provide day treatment services, case management services, vocational services and a variety of residential services to clients who have a chronic mental illness. Throughout this report, these CRT Programs have been referred to by the name of the region that they serve. The full name and location of the designated agency with which each of these programs is associated are provided below.

Addison	Counseling Service of Addison County in Middlebury.
Bennington	United Counseling Services in Bennington.
Chittenden	Howard Center for Human Services in Burlington.
Lamoille	Lamoille County Mental Health Services in Morrisville.
Northeast	Northeast Kingdom Mental Health in Newport and St. Johnsbury.
Northwest	Northwestern Counseling and Support Services in St. Albans.
Orange	Clara Martin Center in Randolph.
Rutland	Rutland Mental Health Services in Rutland.
Southeast	Health Care and Rehabilitation Services of Southeastern Vermont in Bellows Falls.
Washington	Washington County Mental Health Services in Berlin and Barre.